



How To Navigate Menu Modifications in the CACFP

Purpose

This training was created by the Arizona Department of Education to provide guidance on how CACFP facilities are to process menu modification requests.

Training Objectives

- Increase understanding of when a modification does and does not meet the meal pattern.
- Clarify the difference between a required accommodation and an optional accommodation.
- Simplify the process of documenting menu modifications onto one brand new form.
- Specify when you can continue claiming.

Intended Audience

This training is intended for any individual who assists in the operation of the Child and Adult Care Food Program in Arizona and takes the lead in menu modification requests at their site.



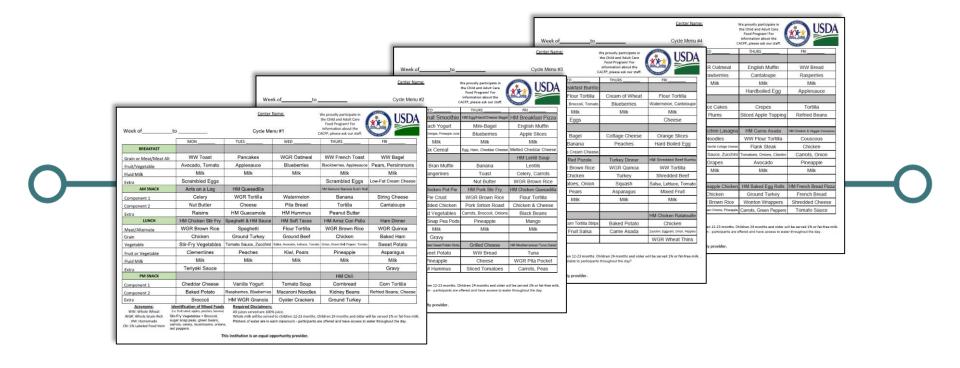
Menu Modifications in the CACFP

Hello! I am a CACFP specialist at the Arizona Department of Education. I'm here to guide you through this online training to help you understand menu modifications in the CACFP.

Let's get started!



What is a Menu Modification?



A menu modification is when someone asks you to *avoid a food or beverage* listed on your CACFP menu and offer *something else* instead. Processing these requests requires knowledge of the CACFP meal pattern, civil rights compliance and what documentation is needed for each request.

Menu Modification Requests

Some participants may ask for modifications from the type of food or beverages you provide, or even the time and place that you provide it.



Menu Modification Requests

What is being requested?

Why is it being requested?

Menu modification requests
contain many layers. All of these
questions will be addressed by
the end of the training.

Am I required to provide the modification?

Did I provide a reasonable accommodation, when required?

Can I claim these meals and snacks?



Menu Modification Requests

All menu modifications must be documented.

A **form** has been created to make it easier for you to document modification requests.

This form requires that you have some knowledge of what meets the meal pattern and when it is required to make a reasonable accommodation. We will review this information in today's training.



The **Participant Menu Modification Form** is available on ADE's CACFP webpage.

Child and Adult Care Food Program							
regulation. Menu modification major bodily function affected Menu modifications are optio	Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.						
	Section 1. I	Documentation – To B	e Completed by	Paren	t/Guardia	n	
Participant's First & Last Name	e			Date	e of Birth		
List the food	(s) to be on	itted from the diet an	nd the food(s) the	nt sho			
Food(s) to be avoided	Food(s) to be avoided Allowable M				modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
	Explain	how exposure to the	food(s) affects th	e part	icipant:		
Parent/Guardian Name					Date		
Parent/Guardian Signature							
	Section 2	. Assessment – To Be (Completed by the	• CAC	ED Eacility		
Discuss the modification reque						e meal pattern & if it is required.	
Modification meets t	he CACFP N	leal Pattern	Modificat	ion do	oes <u>not</u> me	eet the CACFP Meal Pattern	
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation	
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood All	ergy	Non-Medical Personal Preference	
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Food Into		olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected	= '	vill provide modification	Reported Major Bodily Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Re-	quired: Sect	ions 1 & 2				quired: Sections 1 & 2 uthority Documentation	
Facility Representative Nar	me				Date		
Updated: January 2020	Th	is institution is an equ	ual opportunity p	orovid	ler.		

Child and Adult Care Food Program Participant Menu Modification										
Section 3. Negotiation of Accommodation(s)										
Note:	Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)									
The facility will p	Indicate Specific									
Parent/0	Guardian acc	cepts accommodatio	n	Parent/Guardia	an does r	ot accept a	accommodation			
		ing the reasonable ment t is being provided.	1	The parent/guardio the reasonable acc parent/guardian is and w	commoda incurring t	tion provided	by the facility. The e menu modification	2		
Notes:										
				ided from home, meals ar ents provided from home						
Facility Representa	stive Name Signature									
Parent/Guardian	n Name			Signature						
	St	upplement A. Timeli	ne – Medical	Authority Documentati	ion Requ	ests				
This sec	tion should I	be used by a facility w	hen a require	ed accommodation is bein	g made t	hat does no	t meet the			
Initial Requ				ent of Education - Cl ity Documentation			_			
	A facili			dult Care Food Program nu modifications that do				n a medical	authority for	
1-Month Re	Patient	First & Last Name					Date of Birth			
3-Month Re		List the food	I(s) to be om	itted from the diet and	the food	(s) that sho	uld be provided	d instead:		
6-Month Re		Food(s) to be avoide	d	Allowable Mod	lification	s)	Additional instructions, requirements, or modifications such as special equipment texture, thickness, etc.		ecial equipment,	
☐ Medical Aut										
meal patter										
			Explai	n how exposure to the f	ood(s) af	fects the pa	atient:			
Facility Representa										
	Dentist, H	Iomeopathic Physici		g recognized medical aut thic Physician, Nurse Pra				ysician Ass	istant, Physician	
	Medical	Authority Name					Date			
	Medical A	Authority Signature								

The **Participant Menu Modification Form** is available on ADE's CACFP webpage.



I am a Director at a CACFP Center. I currently have nine participants requesting something different than what is listed on the menu. They all have **different reasons** for the modification. Can this form be used

in all of these situations?





Yes, this form can be used in every situation and for every age participant; infants, children, and adults in your care. Let me show you!





Menu Modification Form Page 1 Section 1



you for a menu modification, provide them with a Participant Menu Modification Form and ask them to complete Section 1.



Section 1

Child and Adult Care Food Program Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP						
major bodily function affected	by a food it	em. All required menu participant who has a	modifications mus	st reas	onably acc	rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1. [Documentation – To B	e Completed by	Paren	t/Guardia	n
Participant's First & Last Name	•			Date	e of Birth	
List the food	(s) to be om	itted from the diet an	d the food(s) tha	at sho	uld be pro	vided instead:
Food(s) to be avoided	I	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
	Explain how exposure to the food(s) affects the participant:					
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2.	. Assessment – To Be (Completed by the	e CACI	FP Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets to	he CACFP M	leal Pattern	Modificat	ion do	es <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmod	dation (or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood Alle	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Inte	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	Facility will provide modification Facility will not provide modification		Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification
Documentation Rec	Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Documentation					
Facility Representative Nan	ne				Date	
Updated: January 2020	Thi	is institution is an equ	ual opportunity p	orovid	er.	

Child and Adult Care Food Program Participant Menu Modification										
Section 3. Negotiation of Accommodation(s)										
				ble Accommodation (Me			d bd)			
Note:	Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)									
The facility will p	provide: Indicate Specific Brand if applicable:									
Parent/0	Guardian ac	cepts accommodation	n	Parent/Guardia	an does r	not accept a	accommodation			
		ing the reasonable ment t is being provided.	ı	parent/guardian is	commoda incurring t	tion provided	by the facility. The e menu modification			
Notes:										
reimbursemen	The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.									
Facility Representa	tive Name	tive Name Signature								
Parent/Guardian	n Name			Signature						
	St	upplement A. Timeli	ne – Medical	Authority Documentati	ion Requ	ests				
	tion should l	be used by a facility w	hen a require	ed accommodation is beir	ng made t	hat does no	ot meet the			
meal pattern and the				nent of Education - C						
	A facili			Adult Care Food Program nu modifications that do				n a medical	authority for	
1-Month Re	Patient	First & Last Name					Date of Birth			
3-Month Re		List the food	d(s) to be om	itted from the diet and	the food	(s) that sho	ould be provided	instead:		
6-Month Re	Food(s) to be sucided		Allowable Mod			Additional instructions, requirements, or modifications such as special equipment texture, thickness, etc.		ecial equipment,		
☐ Medical Aut										
meal patter										
			Explai	in how exposure to the f	ood(s) af	fects the p	atient:			
Facility Representa										
	Dentist, H	Iomeopathic Physicia		g recognized medical au thic Physician, Nurse Pra				ysician Ass	istant, Physician	
	Medical	Authority Name					Date			
	Medical A	Authority Signature								

Section 1

The individual making the request will report the participant's name and date of birth, food(s) to be avoided, the allowable modification(s), and how exposure to the food(s) affects the participant.

Section 1. Documentation – To Be Completed by Parent/Guardian						
Participant's First & Last Name		Date of Birth				
List the food(s) to	be omitted from the diet and the food(s) that	at should be pro	vided instead:			
Food(s) to be avoided	Allowable Modification(s)		Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.			
	Explain how exposure to the food(s) affects th	e participant:				
Parent/Guardian Name		Date				
Parent/Guardian Signature						

Facility Representatives should review this section to make sure:

All requests are specific

All parts of this section are completed

Section 1.	Section 1. Documentation – To Be Completed by Parent/Guardian						
Participant's First & Last Name	С	Date of Birth					
List the food(s) to be o	mitted from the diet and the food(s) that s	should be pro	vided instead:				
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, of modifications such as special equipment texture, thickness, etc.					
Explai	n how exposure to the food(s) affects the p	participant:					
Parent/Guardian Name		Date					
Parent/Guardian Signature							



For example, if "Dairy" is listed, please ask the requestor to specify what *specific* foods should be avoided.

Participant's First & Last Name	e Donovan Samson Dat			Birth	03/07/2018	
List the food	(s) to be om	nitted from the diet and the food(s) tha	at should	be pro	vided instead:	
Food(s) to be avoided	d	Allowable Modification(s)		odificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
Dairy	iry Soy Milk			N/A		
	Explain	how exposure to the food(s) affects the	e particip	ant:		
Upset stor	nach					
Parent/Guardian Name	Mari	ah Samson	С	Date	01/20/2020	
Parent/Guardian Signature	Mariah Samson					
•	Mariah Samson Mariah Samson			Date	01/20/2020	



For example, if "Dairy" is listed, please ask the requestor to specify what *specific* foods should be avoided.

	Section 1. Documentation – To Be Completed by Parent/Guardian						
Participant's First & Last Name	Donovan Samson Date			e of Birth	03/07/2018		
List the food	(s) to be on	nitted from the diet and the food(s) tha	at sho	ould be pro	vided instead:		
Food(s) to be avoided	Ł	Allowable Modification(s)		Additional instructions, requirements, o modifications such as special equipment texture, thickness, etc.			
Cow's Mi	lk	Soy Milk	Soy Milk		N/A		
	Explain	how exposure to the food(s) affects the	ie par	ticipant:			
Upset stor	nach	Cheese, yogurt, and	loth	er dairy			
- 		products are okay to	o giv	e.			
Parent/Guardian Name	Mariah Samson			Date	01/20/2020		
Parent/Guardian Signature	Mari	ah Samson					

This example is better! When the requestor wrote dairy, they actually meant cow's milk. Because they specified Cow's Milk should be avoided and they indicated that cheese, yogurt, and other dairy products are okay, you now know **exactly when you should provide a modification**. This participant can't have milk but can have the cheese quesadilla.



You may receive requests that look like this.

Pineapple is avoided and the allowable

modification is any other fruit! In these situations,

you are easily able to meet the meal pattern

because you can provide any other creditable food

within that component.

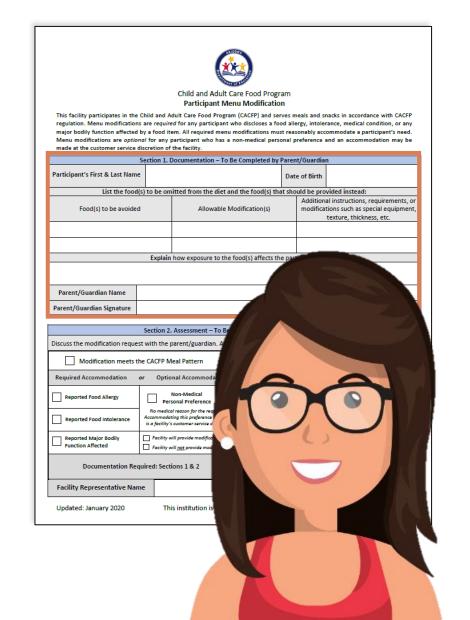
Section 1. Documentation – To Be Completed by Parent/Guardian						
Participant's First & Last Name	Xavier Sanchez			e of Birth	10/17/2016	
List the food(s) to be om	itted from the diet and the food(s) tha	t sho	uld be pro	vided instead:	
Food(s) to be avoided	l	Allowable Modification(s)		modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
Pineapple		Any Other Fruit		N/A		
		_			·	
	Explain	how exposure to the food(s) affects the	e part	ticipant:		
Allergy, rash and itchy mouth						
Parent/Guardian Name	Jonathan Sanchez			Date	01/17/2020	
Parent/Guardian Signature	Jonat	han Sanchez				



Summary: Section 1

Section 1 is where the requestor indicates what is being avoided, what can be offered instead, and how exposure affects the participant.

This information is very important because it lets you know what items from your menu should be avoided to ensure the health and safety of the participant.



Menu Modification Form Page 1 Section 2

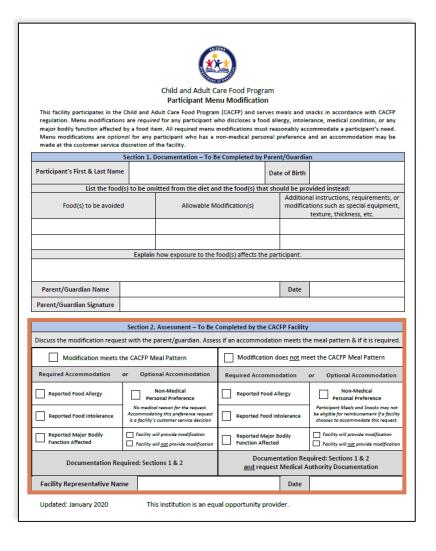


Section 2

Section 2 is completed and signed by a facility representative. This section helps you decide which situation you are navigating and assists you in how to navigate it.

All modification requests can be categorized into one of these situations:

- 1. Meets the meal pattern, preference
- 2. Meets the meal pattern, disability
- 3. Doesn't meet the meal pattern, preference
- 4. Doesn't meet the meal pattern, disability



Completing Section 2 equires knowledge of two areas:

- When modifications do and do not meet the meal pattern.
 - 2. When modifications are a medical need vs. a non-medical personal preference.

Let's start with the meal pattern.



CACFP Meal Pattern

Components

The CACFP Meal Pattern requires certain components be served at each meal or snack.

Creditable Food/Beverage

Each component requires a creditable, or allowable, food or beverage to be served.

Minimum Portion

When you serve a food that credits toward the required component, make sure to serve at least the minimum portion!

The meal pattern is not being met if a required component, creditable food/beverage, or minimum portion is not being offered.



Section 2

But, what if you are asked to provide a food or beverage that does not meet the meal pattern because what is being requested is not nutritionally equivalent or not creditable?



Let's take a look.



CACFP Component	Modifications that meet the CACFP Meal Pattern	Modifications that do not meet the CACFP Meal Pattern
Milk Component	Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required) Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide) Goat Milk Breastmilk* *Note: Documentation not required	Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.
Grain Component	Creditable Grain Gluten-Free Creditable Grain	Grain-Based Dessert Non-Creditable Grain
Meat & Meat Alternate Component	Creditable Meat or Meat Alternate	Non-Creditable Meat or Meat Alternate
Fruit Component	Creditable Fruit	Non-Creditable Fruit
Vegetable Component	Creditable Vegetable	Non-Creditable Vegetable
Infant Breastmilk/Formula	Iron-Fortified & FDA-Approved Infant Formulas Milk Based, Lactose-Reduced, Soy, etc.	No-Iron Infant Formula Low-Iron Infant Formula FDA Exempt Infant Formula



CACFP Component	Modifications that meet the CACFP Meal Pattern	Modifications that <u>do not</u> meet the CACFP Meal Pattern
Milk Component	Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required) Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide) Goat Milk Breastmilk* *Note: Documentation not required	Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.
Grain Component	Creditable Grain Gluten-Free Creditable Grain	Grain-Based Dessert Non-Creditable Grain
Meat & Meat Alternate Component	Creditable Meat or Meat Alternate	Non-Creditable Meat or Meat Alternate
Fruit Component	Creditable Fruit	Non-Creditable Fruit
Vegetable Component	Creditable Vegetable	Non-Creditable Vegetable
Infant Breastmilk/Formula	Iron-Fortified & FDA-Approved Infant Formulas Milk Based, Lactose-Reduced, Soy, etc.	No-Iron Infant Formula Low-Iron Infant Formula FDA Exempt Infant Formula

It can be easy to continue to meet the meal pattern! For example:

Gluten Free

Swap the dinner roll for rice!

Vegetarian

Swap the meat for beans or cheese!



Requests to provide a substitute for **milk** may be common at your facility. Modification requests for the milk component are one of the *trickier* components to modify because some milk substitutes meet the meal pattern and some do not.



Nutritionally Equivalent

Milk substitutes that are **nutritionally equal to cow's milk** meet the meal pattern. This chart shows the nutrition standards.

USDA Nutrition Standards for Fluid Milk Substitutes							
	Minimum Nutrients per 8 Fluid Ounces						
Calcium	276 milligrams (mg) or 30% Daily Value (DV)1						
Protein	8 grams (g)						
Vitamin A	500 international units (IU) or 10% DV						
Vitamin D	100 IU or 25% DV						
Magnesium	24 mg or 6% DV						
Phosphorus	222 mg or 20% DV ¹						
Potassium	349 mg or 10% DV ¹						
Riboflavin	0.44 mg or 25% DV ¹						
Vitamin B-12	1.1 micrograms (mcg) or 20% DV ¹						

¹ The FDA labeling laws require manufacturers to round nutrition values to the nearest five percent. The actual minimum DV is 27.6% for calcium, 22.2% for phosphorus, 9.97% for potassium, 25.88% for riboflavin, and 18.33% for vitamin B12.

Common milk substitutes that are <u>not nutritionally equal</u> to cow's milk are coconut milk, almond milk, rice milk, and some soy milks.



Nutritionally Equivalent

Soy Milks

The following list is intended to get you started discovering which soy milks meet the meal pattern and is subject to change. ADE does not endorse specific brands.

Milk Substitutes Meeting the USDA Nutrition Standards Allowable for Ages 1 and Older					
Manufacturer Product					
Kikkoman	Pearl Organic Soymilk, Smart Original, aseptic package				
Kirkland Signature	Organic Soymilk, Plain				
Pacific Natural Foods	Ultra Soy All Natural Nondairy Beverage, Plain, aseptic package				
Stremick's Heritage	8 th Continent Soymilk, Original, refrigerated				
Foods					
Sunrich Naturals	Soymilk, Original, aseptic package				

Milk Substitutes Meeting the USDA Nutrition Standards					
Allowable for Ages 6 and Older					
Manufacturer	Product				
Kikkoman	Pearl Organic Soymilk, Smart Original, Chocolate, or Creamy				
	Vanilla, aseptic package				
Kirkland Signature	Organic Soymilk, Plain or Vanilla				
Pacific Natural Foods	Ultra Soy All Natural Nondairy Beverage, Plain or Vanilla,				
	aseptic package				
Stremick's Heritage Foods	8 th Continent Soymilk, Original or Vanilla, refrigerated				
Sunrich Naturals	Soymilk, Original, Unsweetened Vanilla, or Vanilla, aseptic				
	package				



Now we know when modifications do or do not meet the meal pattern. Let's go back to our form to see how we document this information.



Form: Section 2

Child and Adult Care Food Program							
regulation. Menu modification major bodily function affected	s are requin by a food it nal for any	ed for any participant w em. All required menu i participant who has a i	n (CACFP) and sen tho discloses a foo modifications mus	ves me od aller t reaso	gy, intoler nably acc	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be	
	Section 1.	Documentation – To B	e Completed by F	Parent/	/Guardiar	n	
Participant's First & Last Nam	e			Date	of Birth		
List the food	(s) to be on	nitted from the diet an	d the food(s) tha				
Food(s) to be avoided Allowable I		Allowable M	lodification(s)		Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.		
	Explain	how exposure to the	food(s) affects the	e partio	cipant:		
	-						
Parent/Guardian Name					Date		
Parent/Guardian Signature							
	Section 2	. Assessment – To Be (Completed by the	CACF	P Facility		
Section 2. Assessment – To Be Completed by the CACFP Facility Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.							
Modification meets the CACFP Meal Pattern			Modification does <u>not</u> meet the CACFP Meal Pattern				
Required Accommodation or Optional Accommodation			Required Accor	mmoda	ation o	or Optional Accommodation	
Reported Food Allergy	Non-Medical Personal Preference		Reported Food All		rgy	Non-Medical Personal Preference	
Reported Food Intolerance	Accommodo	al reason for the request. ting this preference request s customer service decision	Reported Food Intolerance be eligible for reimburseme			Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected	_	vill provide modification vill <u>not</u> provide modification		Reported Major Bodily Function Affected Facility will provide modification Facility will not provide modification			
Documentation Required: Sections 1 & 2			Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation				
Facility Representative Nar	me				Date		
Updated: January 2020	Th	is institution is an equ	ial opportunity p	rovide	r.		

If I am asked to not serve pineapple but any other fruit is okay, I can still meet the meal pattern. I would check this box and use the left side of Section 2.



Form: Section 2

		Child and Adult C	are Food Progra	am			
Participant Menu Modification							
regulation. Menu modification major bodily function affected	s are require by a food it nal for any p	ed for any participant w em. All required menu r participant who has a r	ho discloses a foo modifications mus	d alle t reas	rgy, intoler onably acc	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be	
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<u> </u>	Participant's First & Last Name			Date of Birth			
List the food	(s) to be on	itted from the diet an	d the food(s) tha	t shou			
Food(s) to be avoided		Allowable Modification(s)			Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.		
	Form to the				1-1		
	Explain	how exposure to the f	ood(s) aπects the	e parti	icipant:		
Parent/Guardian Name					Date		
Parent/Guardian Signature							
	Section 2	. Assessment – To Be (omnleted by the	CACE	ED Eacility		
Diamonaha madifiration or one						0 if it isis-d	
Discuss the modification reque	st with the j	parent/guardian. Asses	s ir an accommod	lation	meets the	e meal pattern & if it is required.	
Modification meets the CACFP Meal Pattern			Modification does <u>not</u> meet the CACFP Meal Pattern				
Required Accommodation	or Optio	nal Accommodation	Required Accommodation or Optional Accommodation				
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	od Alle	ergy	Non-Medical Personal Preference	
Reported Food Intolerance	Accommoda	cal reason for the request. ating this preference request 's customer service decision Reported Food Ir		od Into	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected		rill provide modification	Reported Major B Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Required: Sections 1 & 2			Documentation Required: Sections 1 & 2 and request Medical Authority Documentation				
Facility Representative Nar	ne				Date		
Updated: January 2020 This institution is an equal opportunity provider.							

But if I am asked to provide almond milk, which doesn't meet the meal pattern, I would check this box and use the right side of Section 2.



Form: Section 2

Child and Adult Care Food Program Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.							
	Section 1. [Occumentation – To B	e Completed by I	Paren	t/Guardia	n	
Participant's First & Last Name				Date of Birth			
List the food	(s) to be om	itted from the diet an	d the food(s) tha	t sho	uld be pro	vided instead:	
Food(s) to be avoided	Food(s) to be avoided Allowable Mo				al instructions, requirements, or tions such as special equipment, texture, thickness, etc.		
	food(s) affects the participant:						
Parent/Guardian Name					Date		
Parent/Guardian Signature							
	Section 2.	Assessment – To Be (ompleted by the	CAC	FP Facility		
Discuss the modification reque						e meal pattern & if it is required.	
Modification meets t		Modification does not meet the CACFP Meal Pattern					
Required Accommodation or Optional Accommodation			Required Accommodation or Optional Accommodation				
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Food All		ergy	Non-Medical Personal Preference	
Reported Food Intolerance	No medical reason for the request. Accommodating this preference request is a facility's customer service decision		Reported Food Int		olerance	Participant Meals and Snacks may not be aligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected	_	ill provide modification ill <u>not</u> provide modification	Reported Major B Function Affected			Facility will provide modification Facility will not provide modification	
Documentation Required: Sections 1 & 2			Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation				
Facility Representative Nan	ne				Date		
Updated: January 2020 This institution is an equal opportunity provider.							

To complete Section 2, you also need to categorize each request as either a non-medical personal preference or disability.



Disability Requests

Required to Accommodate

What is a disability?

- Major life activities like hearing, seeing, walking, speaking, learning, reading, eating and breathing are disrupted
- Major bodily functions like the digestive, immune, respiratory, circulatory, and neurological systems are disrupted

Facilities are *required* to accommodate disability requests.

If a participant has digestive issues when consuming a food (for example, constipation), you are considering this a disability and accommodating by providing a modification for the participant.



Let's practice a disability request.

A request is made for almond milk because a participant has a milk and soy allergy. How would you complete section 2?

Section 2. Assessment – To Be Completed by the CACFP Facility								
Discuss the modification reque	est with the parent/guardian. Asses	s if an accommodation meets th	e meal pattern & if it is required.					
Modification meets	the CACFP Meal Pattern	Modification does <u>not</u> me	eet the CACFP Meal Pattern					
Required Accommodation	or Optional Accommodation	Required Accommodation	or Optional Accommodation					
Reported Food Allergy	Non-Medical Personal Preference	Reported Food Allergy	Non-Medical Personal Preference					
Reported Food Intolerance	No medical reason for the request. Accommodating this preference request is a facility's customer service decision	Reported Food Intolerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.					
Reported Major Bodily Function Affected	Facility will provide modification Facility will not provide modification	Reported Major Bodily Function Affected	Facility will provide modification Facility will not provide modification					
Documentation Re	quired: Sections 1 & 2		quired: Sections 1 & 2 uthority Documentation					
Facility Representative Na	me	Date						



Jonathan's mom completed and signed Section 1. I have to first decide if the requested modifications meet the meal pattern.



Child and Adult Care Food Program Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP									
regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.									
	Section 1. I	Documentation – To B	e Completed by F	Parent	t/Guardiar	1			
Participant's First & Last Name	JOH	athan Mar			e of Birth	10/07/17			
Food(s) to be avoided	.,	itted from the diet an Allowable M	odification(s)	t sno	Additiona modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.			
Cow's Milk/Soy	Milk	Almond M	ilk		N//	4			
All Dairy		Non-Dairy	Substitut	es	N/A	4			
Allergy - Abdor	Sarah	pain, vomitir Johnston h Johnston	ng, troubl	e b	reathi Date	ing, rash 01/17/2020			
		Assessment – To Be (Completed by the	CACI	TR Facility				
Discuss the modification reque						e meal pattern & if it is required.			
Modification meets t	he CACFP M	leal Pattern	Modificati	ion do	es <u>not</u> me	et the CACFP Meal Pattern			
Required Accommodation	or Optio	nal Accommodation	Required Accor	mmod	dation o	or Optional Accommodation			
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Fo	od Alle	ergy	Non-Medical Personal Preference			
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request c customer service decision	Reported Fo	od Inte	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.			
Reported Major Bodily Function Affected	_	vill provide modification vill <u>not</u> provide modification	Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification			
Documentation Rec	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation			
Facility Representative Nar	ne				Date				
Updated: January 2020	Th	is institution is an equ	al opportunity p	rovid	er.				

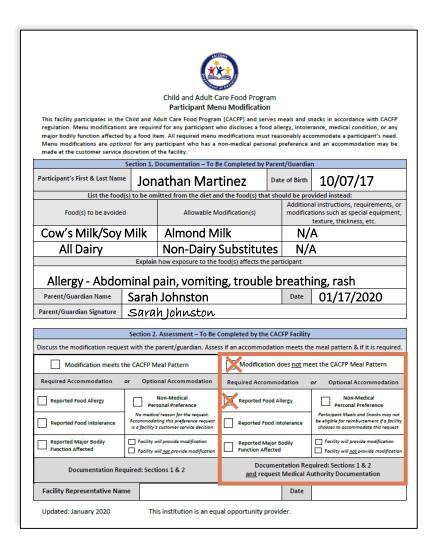
I looked at the chart;
almond milk does not
meet the meal pattern so I
am filling out the right side
of Section 1.



		Child and Adult C	are Food Progra	m					
		Participant Mei							
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.									
	Section 1. I	Documentation – To B	e Completed by F	arent	t/Guardiar	1			
Participant's First & Last Name	Jon	athan Mar	tinez	Date	of Birth	10/07/17			
List the food	(s) to be on	nitted from the diet an	d the food(s) tha	t shou					
Food(s) to be avoided	d	Allowable M	odification(s)		modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.			
Cow's Milk/Soy	Milk	Almond M	ilk		N/A	4			
All Dairy		Non-Dairy	Substitute	es	N/A	4			
	Explain	how exposure to the	food(s) affects the	parti	icipant:				
Allergy - Abdoı	minal p	oain, vomitin	ng, trouble	e bi	reathi	ing, rash			
Parent/Guardian Name	Sarah	Johnston			Date	01/17/2020			
Parent/Guardian Signature	Sara	hJohnston							
	Section 2.	. Assessment – To Be (Completed by the	CACE	P Facility				
Discuss the modification reque						e meal pattern & if it is required.			
Modification meets t	he CACFP M	leal Pattern	Modificati	on do	es <u>not</u> me	et the CACFP Meal Pattern			
Required Accommodation	or Optio	onal Accommodation	Required Accor	nmod	lation o	or Optional Accommodation			
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Fo	od Alle	ergy	Non-Medical Personal Preference			
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	od Into	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.			
Reported Major Bodily Function Affected	_	vill provide modification vill <u>not</u> provide modification	Reported Mi Function Aff		odily	Facility will provide modification Facility will not provide modification			
Documentation Rec	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation			
Facility Representative Nar	ne				Date				
Updated: January 2020 This institution is an equal opportunity provider.									

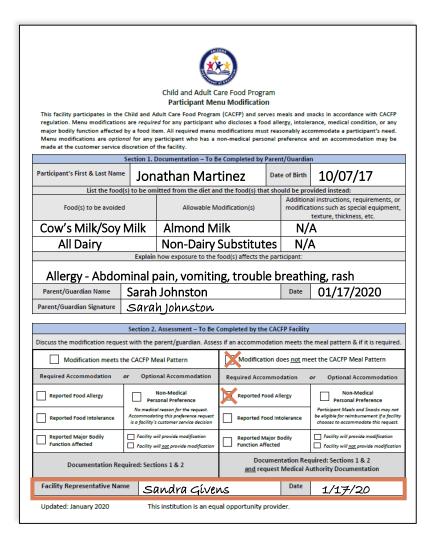
The parent reported an allergy, so I marked the "food allergy" box.





That's correct. Food allergy is a disability and you are required to provide a modification. Make sure to write your name and the date.





Non-Medical Personal Preference Requests

Optional to Accommodate

Facilities are *not required* to accommodate nonmedical personal preference requests. When this type of request is made, it is the facility's choice to accommodate it.

A facility *may choose* to accommodate this optional request to provide excellent customer service. On the other hand, a facility may choose to not accommodate an optional request *that does not meet the meal pattern* because then the facility cannot claim the meals served to that participant.



Let's practice a preference request.

A request is made for no meat to be served to a participant because the family is vegetarian. How would you complete Section 2?

Section 2. Assessment – To Be Completed by the CACFP Facility								
Discuss the modification reque	est with the parent/guardian. Asses	ess if an accommodation meets the meal pattern & if it is required.						
Modification meets	the CACFP Meal Pattern	Modification does <u>not</u> r	neet the CACFP Meal Pattern					
Required Accommodation	or Optional Accommodation	Required Accommodation	or Optional Accommodation					
Reported Food Allergy	Non-Medical Personal Preference	Reported Food Allergy	Non-Medical Personal Preference					
Reported Food Intolerance	No medical reason for the request. Accommodating this preference request is a facility's customer service decision	Reported Food Intolerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.					
Reported Major Bodily Function Affected	Facility will provide modification Facility will not provide modification	Reported Major Bodily Function Affected	Facility will provide modification Facility will not provide modification					
Documentation Re	quired: Sections 1 & 2		equired: Sections 1 & 2 Authority Documentation					
Facility Representative Na	me	Date						



I can provide a meat alternate to this participant when meat is on the menu. So, I can still meet the meal pattern.



Child and Adult Care Food Program								
		Participant Mei	nu Modificatio	n				
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.								
	Section 1. [Documentation – To B	e Completed by I	Paren	t/Guardia	1		
Participant's First & Last Name	Jen	nifer Jones		Date	e of Birth	08/15/16		
List the food(s) to be om	itted from the diet an	d the food(s) tha	t sho				
Food(s) to be avoided		Allowable M	odification(s)			al instructions, requirements, or tions such as special equipment.		
rood(s) to be divolued		Allowable Wi	· · · · · · · · · · · · · · · · · · ·			texture, thickness, etc.		
Meat		Meat Su	bstitutes		1	N/A		
		Beans, Peas,	Lentils, To	ofu				
	Explain how exposure to the food(s) affects the participant:							
N/A								
Parent/Guardian Name	Thom	nas Kayes			Date	01/21/2020		
Parent/Guardian Signature	Thom	ias Kayes						
	Section 2.	. Assessment – To Be (Completed by the	e CACI	FP Facility			
Discuss the modification reques	t with the p	parent/guardian. Asses	s if an accommo	dation	meets the	e meal pattern & if it is required.		
Modification meets th	e CACFP M	leal Pattern	Modificati	ion do	oes <u>not</u> me	et the CACFP Meal Pattern		
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmod	dation o	or Optional Accommodation		
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood All	ergy	Non-Medical Personal Preference		
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request coustomer service decision	Reported Fo	od Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.		
Reported Major Bodily Function Affected	= '	vill provide modification	Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification		
Documentation Req	uired: Secti	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation		
Facility Representative Nam	ie				Date			
Updated: January 2020	Thi	is institution is an equ	al opportunity p	rovid	ler.			

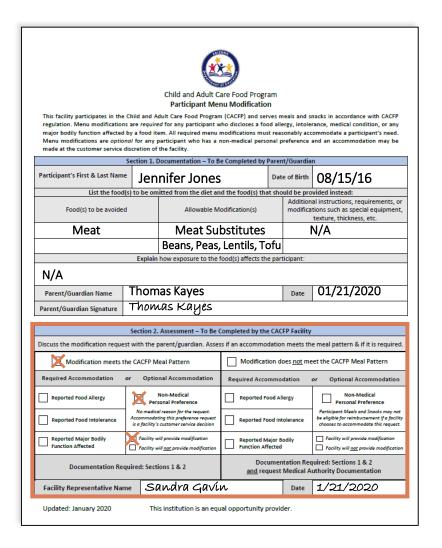
This request was not for a medical reason, allergy, or intolerance – it was a preference. *I will choose to accommodate this preference request.* Then, as a facility representative, I would write my name and date the form.



Child and Adult Care Food Dragger									
Child and Adult Care Food Program Participant Menu Modification									
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.									
S	ection 1. I	Documentation – To B	e Completed by P	arent/Guardia	n I				
Participant's First & Last Name		nifer Jones			08/15/16				
List the food(s) to be on	itted from the diet an	a the food(s) that		wided instead: al instructions, requirements, or				
Food(s) to be avoided		Allowable M	odification(s)	modifica	tions such as special equipment, texture, thickness, etc.				
Meat		Meat Su	bstitutes		N/A				
	Beans, Peas,	Lentils, To	fu	·					
	Explain	how exposure to the	food(s) affects the	participant:					
N/A Parent/Guardian Name	Thom	nas Kayes		Date	01/21/2020				
		•		Date	01/21/2020				
Parent/Guardian Signature	INDIV	ias Kayes							
	Section 2.	. Assessment – To Be (Completed by the	CACFP Facility					
Discuss the modification request					e meal pattern & if it is required.				
Modification meets the	e CACFP M	leal Pattern	Modification	on does <u>not</u> me	eet the CACFP Meal Pattern				
Required Accommodation o	r Optio	nal Accommodation	Required Accon	nmodation	or Optional Accommodation				
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Foo	od Allergy	Non-Medical Personal Preference				
No medical reason for the request. Accommodating this preference request is a facility's customer service decision		ting this preference request	Penorted Food Intolerance be eligible for reimbursement		Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.				
Reported Food Intolerance	Reported Major Bodily Function Affected Facility will provide modification Facility will not provide modification			Reported Major Bodily Focility will provide modification Function Affected Facility will not provide modification					
Reported Major Bodily	Facility w	vill <u>not</u> provide modification		Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Doc					
Reported Major Bodily Function Affected			Docu						

Correct, and the reason is a non-medical personal preference, so accommodating the request is optional.

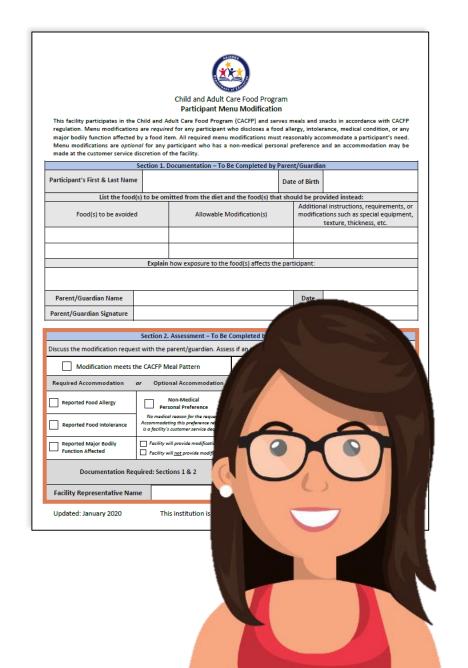




Summary: Section 2

Section 2 is where you indicate if a request meets the meal pattern and if a request is required due to a disability.

This information is very important because it lets you know when you are required to accommodate a request and what documentation you will need to claim.



Child and Adult Care Food Program Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need.									
Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be									
made at the customer service discretion of the facility. Section 1. Documentation – To Be Completed by Parent/Guardian									
		Jocumentation – 10 B	e completed by I	arent	t/Guardiai	n .			
Participant's First & Last Nam	e			Date	of Birth				
List the food	l(s) to be on	itted from the diet an	d the food(s) tha	t shou	ıld be pro	vided instead:			
Food(s) to be avoide	Food(s) to be avoided Allowable Mo				modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.			
	Explain	how exposure to the	food(s) affects the	e parti	icipant:				
Parent/Guardian Name					Date				
Parent/Guardian Signature									
	Section 2.	Assessment – To Be (Completed by the	CACE	P Facility				
Discuss the modification reque						e meal pattern & if it is required.			
Modification meets	he CACFP M	leal Pattern	Modificati	ion do	es <u>not</u> me	et the CACFP Meal Pattern			
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmod	lation (or Optional Accommodation			
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Fo	od Alle	ergy	Non-Medical Personal Preference			
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request customer service decision	Reported Fo	od Into	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.			
Reported Major Bodily Function Affected		vill provide modification	Reported M Function Aff		dily	Facility will provide modification Facility will not provide modification			
Documentation Re	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation			
Facility Representative Na	me	_			Date				
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Page 1 must be on file for every participant who requests a modification. It remains on-site.



Menu Modification Form
Section 3



Additional Documentation

Child and Adult Care Food Program Participant Menu Modification This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.									
Section 1. Documentation – To Be Completed by Parent/Guardian									
Participant's First & Last Nam					e of Birth				
List the food	(s) to be on	nitted from the diet an	d the food(s) the	at sho	uld be pro	vided instead:			
Food(s) to be avoided	Food(s) to be avoided Allowable M				modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.			
Explain how exposure to the food(s) affects the participant:									
Parent/Guardian Name					Date				
Parent/Guardian Signature									
					11				
		. Assessment – To Be (
Discuss the modification reque	st with the	parent/guardian. Asses	s if an accommo	datior	n meets the	e meal pattern & if it is required.			
Modification meets t	he CACFP N	Meal Pattern	Modificat	ion do	oes <u>not</u> me	et the CACFP Meal Pattern			
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmo	dation (or Optional Accommodation			
Reported Food Allergy	1 1 1	Non-Medical sonal Preference	Reported Fo	ood All	lergy	Non-Medical Personal Preference			
Reported Food Intolerance	Accommodo	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.			
Reported Major Bodily Function Affected		will provide modification will <u>not</u> provide modification	Reported M Function Af	tajor Bo fected	odily	Facility will provide modification Facility will not provide modification			
Documentation Re	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation			
Facility Representative Nar	ne				Date				
Updated: January 2020	Th	is institution is an equ	al opportunity p	provid	ler.				

There are two situations when having Sections 1 & 2 on file isn't enough documentation.

Situation 1

If the request is due to a disability.

Solution: Complete Section 3

Situation 2

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation

Additional Documentation

We will talk about both of these situations. Let's first talk about when the request is due to a disability.

There are two situations when having Sections 1 & 2 on file <u>isn't enough documentation</u>.



Solution: Complete Section 3

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation



Participant Menu Modification Form

Section 3

	Child and Adult Care Food Program Participant Menu Modification									
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.										
Section 1. Documentation – To Be Completed by Parent/Guardian										
Participant's First & Last Name	e			Date	e of Birth					
List the food	(s) to be on	nitted from the diet an	d the food(s) the	nt sho	uld be pro	vided instead:				
Food(s) to be avoided	d	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.				
Explain how exposure to the food(s) affects the participant:										
Parent/Guardian Name					Date					
Parent/Guardian Signature										
	Section 2	. Assessment – To Be (Completed by the	e CAC	FP Facility					
Discuss the modification reque						e meal pattern & if it is required.				
Modification meets t	he CACFP N	leal Pattern	Modificat	ion de	oes <u>not</u> me	eet the CACFP Meal Pattern				
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation				
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood All	ergy	Non-Medical Personal Preference				
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.				
Reported Major Bodily Function Affected		vill provide modification	Reported M Function Af			Facility will provide modification Facility will not provide modification				
Documentation Rec	quired: Sect	ions 1 & 2				quired: Sections 1 & 2 uthority Documentation				
Facility Representative Nan	ne				Date					
Updated: January 2020	Th	is institution is an equ	ual opportunity p	orovid	ler.					

Child and Adult Care Food Program Participant Menu Modification										
Section 3. Negotiation of Accommodation(s)										
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)										
The facility will p	orovide: Indicate Specific Brand if applicable:									
Parent/0	Parent/Guardian accepts accommodation Parent/Guardian does not accept accommodation									
The facil	parent/guardian is	commoda incurring t	tion provided	by the facility. The e menu modificatio						
Notes:										
	The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.									
Facility Representa	tive Name Signature									
Parent/Guardian	n Name			Signature						
								. 1		
	St	upplement A. Timeli	ne – Medical	Authority Documentati	on Requ	ests				
This sec		be used by a facility w	hen a require	d accommodation is bein	g made t	hat does no	t meet the			
mear pattern and tr		Arizor	na Departm	ent of Education - Cl	nild and	Adult Ca	re Food Progr	ram		
Initial Requ				ity Documentation						
1-Month Re	A facili			dult Care Food Program ou modifications that do				n a medical	authority for	
	Patient	First & Last Name					Date of Birth			
3-Month Re		List the food	d(s) to be om	itted from the diet and	the food	(s) that sho	uld be provided	d instead:		
6-Month Re		Food(s) to be avoide	d	Allowable Mod	ification	(s)	modifications		equirements, or cial equipment, ss, etc.	
Medical Aut meal patter										
			Explai	n how exposure to the f	ood(s) af	fects the p	atient:			
Facility Representa										
	Dentist, H	domeopathic Physici		g recognized medical aut thic Physician, Nurse Pra				ysician Assi	stant, Physician	
	Medical	Authority Name					Date			
	Medical A	Authority Signature								
	This institution is an equal opportunity provider.									

Section 3 must be completed for all requests made due to a disability.

When a **disability** is reported, an *immediate* and *reasonable* accommodation is required.

This section is where you document what was offered and if the requestor accepted the accommodation. This process is called the "Negotiation of Accommodation."

Child and Adult Care Food Program Participant Menu Modification									
Section 3. Negotiation of Accommodation(s)									
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)									
Note. Required neus	onable Accommodations are not necessor	Indicate Specific	steu (e.g.	u prejerreu brunuj					
The facility will provide: Brand if applicable:									
Parent/Guardian accepts accommodation Parent/Guardian does not accept accommodation									
The facility is purchasing the reasonable menu The facility is purchasing the reasonable menu modification that is being provided. parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.									
Notes:									
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.									
Facility Representative Name	acility Representative Name Signature								
Parent/Guardian Name		Signature							
Su	upplement A. Timeline – Medical A	uthority Documentation	Requests	5					
meal pattern and the facility is v	be used by a facility when a required waiting for Medical Authority Documo lity to claim for up to 6 months while	entation to be completed a	nd return	ned. Completion of this section					
Initial Request for Medi	ical Authority Documentation	Date:	Si	taff Initials:					
1-Month Request for M	ledical Authority Documentation	Date:	St	taff Initials:					
3-Month Request for M	ledical Authority Documentation	Date:	St	taff Initials:					
6-Month Request for M	edical Authority Documentation	Date:	St	taff Initials:					
'	mentation has not been provided v to this participant to accommodate								
Facility Representative Name		Signature							
This institution is an equal opportunity provider.									

Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.

Reasonable

The modification provided should be related to the disability or limitations caused by the disability.

<u>Example:</u> If a limitation of a disability is that someone cannot tolerate milk, then a reasonable accommodation avoids milk and provides something that is not milk-based.



Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.

Immediate

When a disability is reported; immediately accommodate. This safeguards the health and safety of your participants.

<u>Example</u>: If someone tells you that one of your participants has an allergy or intolerance to a food item; effective immediately you are avoiding that item and modifying. You are not waiting on any documentation to be returned to start providing the modification.



Reasonable + Immediate Accommodations

Accommodation

Accommodating a disability is when you provide a reasonable and immediate modification.



Must generally be free of charge

Example: The facility purchases the modification, such as soy milk, and does not charge the family for this cost.



Does not need to match the original menu item.

Example: The request is for cheese to be avoided due to intolerance.

The entrée on the menu is macaroni and cheese. The modification does not need to look like the macaroni and cheese. You can serve another entrée, like chicken and rice.



Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk



Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand



Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.



Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.

Maybe the Requestor

Chooses to accept the soy milk that the facility will provide.





Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.

Or maybe the Requestor

Chooses to deny the soy milk that the facility will provide and instead brings the preferred brand from home.



Example: Request for Soy Milk

Facility

Offers to provide a reasonable accommodation of soy milk

Requestor

Prefers a certain brand

Facility

Provides the reasonable accommodation (soy milk) but does not provide preferred brand.



Both of those situations are okay.
What is important is that you **offered**a reasonable accommodation,
whether they accepted it or not.



This negotiation is documented in Section 3 of the form.





Section 3. Negotiation of Accommodation(s)								
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)								
The facility will provide:	Indicate Specific Brand <i>if applicable</i> :							
Parent/Guardian accepts accommodation Parent/Guardian does not accept accommodation								
The facility is purchasing the reasonable menu modification that is being provided.	The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.							
Notes:								
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.								
Facility Representative Name	Signature							
Parent/Guardian Name Signature								

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

Section 3 takes less than a minute to complete.

Section 3. Negotiation of Accommodation(s)								
	otiation: Facility-Provided Reasonab asonable Accommodations are not necess							
The facility will provide:	Soy Milk	Indicate Specific Brand if applicable: 8 th Continent Origin						
Parent/Guardian a	ccepts accommodation	Parent/Guardia	an does r	not accept accommodation				
	ising the reasonable menu nat is being provided.	The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.						
Notes:								
,	hat if one component or less is provious danacks with two or more componer	,						
Facility Representative Name		Signature						
Parent/Guardian Name		Signature						

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor prefers a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

Section 3 takes less than a minute to complete.

Section 3. Negotiation of Accommodation(s)									
	gotiation: Facility-Provided Reasonab leasonable Accommodations are not necess								
The facility will provide:	Soy Milk	Indicate Specific Brand if applicable: 8 th Continent Origina							
Parent/Guardian	accepts accommodation	Parent/Guardian does not accept accommodation							
	nasing the reasonable menu that is being provided.	The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.							
notified family th	Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8th Continent Original Soy Milk (Facility-Provided).								
,	that if one component or less is proviound snacks with two or more componen	,							
Facility Representative Nam	e	Signature							
Parent/Guardian Name		Signature							

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor prefers a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

After the discussion, the requestor chooses to accept the brand of soy milk that the facility will provide.

Section 3 takes less than a minute to complete.

Section 3. Negotiation of Accommodation(s)										
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)										
The facility will provide:	Soy Milk	Indicate Specific Brand if applicable: 8 th Continent Origin								
The facility is purch	accepts accommodation asing the reasonable menu that is being provided.	Parent/Guardian does not accept accommodation The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.								
notified family th	Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8 th Continent Original Soy Milk (Facility-Provided).									
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.										
Facility Representative Nam	е	Signature								
Parent/Guardian Name		Signature								

Example: Request for Soy Milk

Section 1 & 2 are completed. The modification meets the meal pattern and is due to a milk intolerance (disability). The facility offers to provide a reasonable accommodation of 8th Continent Original soy milk.

The requestor prefers a certain brand.

The facility notifies the requestor 8th Continent Original Soymilk is what the facility purchases. The reasonable accommodation (soy milk) will be provided, but not the preferred brand.

After the discussion, the requestor chooses to accept the brand of soy milk that the facility will provide.

The Facility Representative and Requestor sign Section 3.

Section 3 takes less than a minute to complete.

Section 3. Negotiation of Accommodation(s)								
	otiation: Facility-Provided Reasonab asonable Accommodations are not necess	*		•				
The facility will provide:	Soy Milk	Indicate Specific Brand <i>if applicable</i> :	Continent Original					
Parent/Guardian a	ccepts accommodation	Parent/Guardia	n does n	not accept accommodation				
The facility is purcha modification th	sting an accommodation beyond tion provided by the facility. The the cost of the menu modification his item from home.							
Notes: Parent requested Sprouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8 th Continent Original Soy Milk (Facility-Provided).								
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.								
Facility Representative Name	Sandra Gavin	Signature		Sandra Gavin				
Parent/Guardian Name	Jeanette Dominguez	Signature		Jeanette Dominguez				

Summary: Section 3

		Child and Adult C Participant Me				
regulation. Menu modification major bodily function affected	s are requir by a food it nal for any	dult Care Food Program ed for any participant w tem. All required menu participant who has a	n (CACFP) and ser tho discloses a foo modifications mus	ves me od aller et reaso	rgy, intoler onably acc	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1.	Documentation – To B	e Completed by I	Parent	t/Guardia	n
Participant's First & Last Nam	e			Date	of Birth	
List the food	(s) to be on	nitted from the diet an	d the food(s) tha	t shou	uld be pro	vided instead:
Food(s) to be avoided	d	Allowable M	odification(s)		modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
				\dashv		
	Evnlair	how exposure to the	food(s) affects the	e narti	icinant:	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (Completed by the	CACE	P Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets t	he CACFP N	Meal Pattern	Modificati	ion do	es <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmod	lation	or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood Alle	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommodo	al reason for the request. sting this preference request is customer service decision	Reported Fo	od Into	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	_	will provide modification will <u>not</u> provide modification	Reported M Function Aff		edily	Facility will provide modification Facility will not provide modification
Documentation Re	quired: Sect	tions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nar	me				Date	

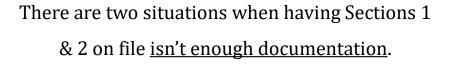
		Care Food Program lenu Modification			
	Section 3. Negotiati	on of Accommodation(s)			
	Negotiation: Facility-Provided Reason of Reasonable Accommodations are not need			brand)	
The facility will provide	es .	Indicate Specific Brand if applicable:			1
The facility is pu	an accepts accommodation richasing the reasonable menu on that is being provided.	Parent/Guardian does The parent/guardian is requ the reasonable accommod parent/guardian is incurring and will bring	esting an accom ation provided by	modation beyond the facility. The nenu modification	
	ges that if one component or less is pro is and snacks with two or more compo				-
Facility Representative Na		Signature	I		1
Parent/Guardian Name		Signature			-
meal pattern and the facili		umentation to be completed and r artment of Education - Chile othority Documentation P	d and Adult	Care Food Progra	
1-Month Requ	A facility participating in the Child		s requested d	ocumentation from	
	Patient First & Last Name			Date of Birth	
3-Month Requ	List the food(s) to I	e omitted from the diet and the	food(s) that	should be provided	instead:
6-Month Requ	Food(s) to be avoided	Allowable Modific	ation(s)	modifications s	ructions, requirements such as special equipmere, thickness, etc.
Medical Author meal pattern, p					
Facility Representative		Explain how exposure to the foo	d(s) affects the	patient:	
	The fol Dentist, Homeopathic Physician, Nat	lowing recognized medical autho uropathic Physician, Nurse Practi			rsician Assistant, Physic
	Medical Authority Name	-		Date	
	Medical Authority Signature				
		This institution is an equal op	portunity prov	/ider.	

All modifications require sections 1 & 2 be completed.

Modifications that are due to a disability <u>also</u> have Section 3 completed.

Additional Documentation

Now, let's talk about the additional documentation needed when a request doesn't meet the meal pattern.



If the request is due to a disability. **Solution**: Complete Section 3

If the request doesn't meet the meal pattern.

Solution: Medical Authority Documentation



Medical Authority
Documentation



Medical Authority Documentation

What is required?

Medical Authority Documentation must include:

- Participant's first and last name and date of birth
- The food(s) to be avoided
- Brief explanation of how exposure to the food affects the participant
- Recommended substitutes.

It then must be signed by a recognized medical authority.

In Arizona, recognized medical authorities include Physician (MD), Osteopathic Physician (DO), Nurse Practitioner (NP), Physician Assistant (PA), Dentist (DDS or DMD), Naturopathic Physician (ND) or Homeopathic Physician.

Why is it required?

When the meal pattern is not met, documentation from a medical authority is required to claim the meals and snacks for reimbursement.

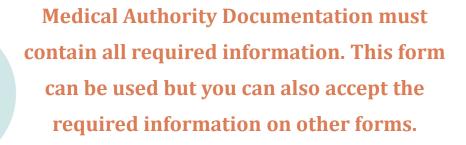
Participant Menu Modification Form

Medical Authority Documentation

		(E				
		Child and Adult C				
regulation. Menu modification major bodily function affected	s are require by a food it nal for any p	ed for any participant w em. All required menu participant who has a i	n (CACFP) and ser tho discloses a foo modifications mus	rves m od alle st reas	ergy, intole conably acc	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1. [Documentation – To B	e Completed by	Paren	t/Guardia	n
Participant's First & Last Name	e			Date	e of Birth	
List the food	(s) to be on	itted from the diet an	d the food(s) tha	at sho	uld be pro	vided instead:
Food(s) to be avoided Allowable Modification(s) Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.						
	Combain	how exposure to the	5		1-1	
	Explain	now exposure to the	ioou(s) arrects tri	ic part	леграпе.	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (omnleted by the	e CAC	EP Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets t	he CACFP M	leal Pattern	Modificat	tion do	oes <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Food Allergy		ergy	Non-Medical Personal Preference
Reported Food Intolerance	No medical roson for the request. Accommodating this preference request is a facility's customer service decision Reported Food Intolerance be eligible for reimbursement if a facility's customer service decision in the properties of the propert					
Reported Major Bodily Function Affected						
Documentation Red	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nar	ne				Date	
Updated: January 2020	Thi	is institution is an equ	ual opportunity p	provid	ler.	

				Care Food Program enu Modification							
Section 3. Negotiation of Accommodation(s)											
				ble Accommodation (Me							
Note:	Required Reaso	onable Accommodation	is are not nece:	ssarily the accommodation re	equested (e.g. a preferi	red brand)				
The facility will provide: Indicate Specific Brand if applicable:											
Parent/	Guardian acco	epts accommodatio	n	Parent/Guardia	ın does n	ot accept a	accommodation				
Parent/Guardian accepts accommodation The facility is purchasing the reasonable menu modification that is being provided. Parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.											
Notes:				•							
				ided from home, meals an							
Facility Representa	itive Name			Signature							
Parent/Guardia	n Name			Signature							
	Suj	pplement A. Timeli	ne – Medical	Authority Documentati	on Requ	ests					
This sec meal pattern and t		e used by a facility w	hen a require	ed accommodation is bein	g made t	hat does no	t meet the	estion			
Initial Regu	Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation Participant Menu Modification										
	A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.										
1-Month R	Patient F	First & Last Name					Date of Birth				
3-Month R		List the food	l(s) to be om	itted from the diet and t	the food	(s) that sho	uld be provided	d instead:			
6-Month R	Food(s) to be avoided Allowable Modification(s)				Additional instructions, requirements, or modifications such as special equipment texture, thickness, etc.						
Medical Au meal patte											
			Explai	n how exposure to the fe	ood(s) af	fects the pa	atient:				
Facility Represent				·							
	Dentist, Ho			g recognized medical aut thic Physician, Nurse Pra				nysician Assi	stant, Physician		
								nysician Assi:	stant, Physician		
	Medical	omeopathic Physicia					nic Physician, Ph	nysician Assi	stant, Physician		

When you know that a request does not meet the meal pattern, you give this form to the requestor. The requestor will take it to a medical authority to complete and sign before returning it to your facility.





		nent of Education - Child and Adult C rity Documentation Participant Me	•	
		Adult Care Food Program has requested doo nu modifications that do not meet the CACF		a medical authority for
Patient First & Last Name			Date of Birth	
List the food(s) to be om	itted from the diet and the food(s) that sh	ould be provided	l instead:
Food(s) to be avoided		Allowable Modification(s)	modifications	tructions, requirements, or such as special equipment, ire, thickness, etc.
	Expla	in how exposure to the food(s) affects the p	patient:	
		g recognized medical authorities can sign tl thic Physician, Nurse Practitioner, Osteopa		ysician Assistant, Physician
Medical Authority Name			Date	
Medical Authority Signature				
	Tł	nis institution is an equal opportunity provid	der.	

When these Medical Authority forms are returned to our facility, where do I keep them?





It is best practice that you staple it to the participant's modification form.



Medica		nent of Education - Child rity Documentation Pa			_	1	
A facility participating in the C		Adult Care Food Program has nu modifications that do not				nedical authority for	
Patient First & Last Name				Date of	Birth		1
List the food(s) to be om	nitted from the diet and the	food(s) that sho	uld be pr	ovided in	tead:	
Food(s) to be avoided		Allowable Modifica	ation(s)		ations suc	tions, requirements, or h as special equipment, thickness, etc.	or any or need. nay be
	Evals	in how exposure to the food	Us) affects the n	stiont:			
	Expia	in now exposure to the root	i(s) affects the pa	atient.			1
Th Dentist, Homeopathic Physician,		ng recognized medical author athic Physician, Nurse Practit				ian Assistant, Physician	ents, o
Medical Authority Name				Dat	е		ipinen
Medical Authority Signature							
	Th	his institution is an equal opp	portunity provide	er.			
	Expl	lain how exposure to the	food(s) affects t	the parti	cipant:		
Parent/Guardian Name	Expl	lain how exposure to the	food(s) affects t	the parti	cipant:		
Parent/Guardian Name	Expl	lain how exposure to the	food(s) affects t	the parti			
· · · · · · · · · · · · · · · · · · ·	Expl	lain how exposure to the	food(s) affects !	the parti			
· · · · · · · · · · · · · · · · · · ·		lain how exposure to the			Date		
· · · · · · · · · · · · · · · · · · ·	Sectio	n 2. Assessment – To Be (Completed by t	he CACF	Date P Facility	e meal pattern & if it is	requirec
Parent/Guardian Signature	Sectio est with t	n 2. Assessment – To Be (the parent/guardian. Asses	Completed by t	he CACF	Date P Facility meets th	e meal pattern & if it is et the CACFP Meal Pat	•
Parent/Guardian Signature Discuss the modification requi	Sectio est with ti	n 2. Assessment – To Be (the parent/guardian. Asses	Completed by t	he CACF	Date P Facility meets the		tern
Parent/Guardian Signature Discuss the modification requi Modification meets	Section est with ti	in 2. Assessment – To Be (the parent/guardian, Asses P Meal Pattern ptional Accommodation Non-Medical Personal Preference	Completed by t ss if an accomm Modific Required Acc	he CACF	P Facility meets th es not me	or Optional Accomm	nodation
Parent/Guardian Signature Discuss the modification required Modification meets Required Accommodation	Section est with the CACF or On One One	n 2. Assessment – To Be (the parent/guardian. Asses P Meal Pattern ptional Accommodation Non-Medical	Completed by to sif an accomm Modifice Required Accomm Reported	he CACF	P Facility meets th es not me ation	or Optional Accom	nodation nce cks may not nt if a facilit
Parent/Guardian Signature Discuss the modification required Modification meets Required Accommodation Reported Food Allergy	Section est with tithe CACF or O No m Accomm is a faci	in 2. Assessment – To Be (the parent/guardian, Asses P Meal Pattern ptional Accommodation Non-Medical Personal Preference addical reason for the request.	Completed by t ss if an accomm Modific Required Acc Reported Reported	he CACF nodation ation do commod	P Facility meets th es not me ation rgy	or Optional Accommon Non-Medical Personal Prefere Participant Meals and Sna be eligible for reimbursame	nodation noce cks may not not if a facilit this request
Parent/Guardian Signature Discuss the modification required Modification meets Required Accommodation Reported Food Allergy Reported Food Intolerance	Section est with ti the CACF or O No m Accomm is a faci Faci Faci	n 2. Assessment – To Be (the parent/guardian, Asses P Meal Pattern ptional Accommodation Non-Medical Personal Preference addical reason for the request. modeling this preference request illip's customer service decision iity will provide modification litry will provide modification	Completed by t ss if an accomm Modific Required Acc Reported Reported Reported Punction	he CACF nodation ation do commod Food Alle Food Into Major Bo Affected	Date P Facility meets th es not me ation rgy delerance dily ation Rec	or Optional Accommon Personal Prefere Participant Medical Participant Medical and Sind be eligible for embursame chooses to accommodate	nodation nce cks may not nt if a facilit this request dification modification

If a disability is reported, an immediate and reasonable accommodation is required. So, let's say I start providing almond milk to my participant who has a soy and milk allergy.





The almond milk is purchased by the facility but almond milk doesn't meet the meal pattern. Can I claim these meals before I get the medical authority documentation form back?





You're right, the reported disability must be immediately accommodated and at the cost of the facility.





ADE requires facilities to obtain

Medical Authority Documentation

for menu modifications that do <u>not</u>

meet the meal pattern.



But we also understand that families may face potential hardship in obtaining medical authority documentation, like a lack of access to affordable healthcare, lack of transportation to the healthcare facility, or a lack of available time off work to get the form completed.



If family hardships arise,
ADE has a **new solution**for facilities!





New! Flexibility in Claiming

6 months as a reasonable timeframe to obtain written Medical Authority

Documentation. This means you can complete the timeline section of the form while you are waiting for the Medical form from the family – and you can

continue to claim!

Effective FY20, ADE has established





New! Flexibility in Claiming

While a facility is:



Providing a required accommodation (i.e. disability) that does not meet the meal pattern



Waiting for Medical Authority

Documentation to be returned

the <u>Timeline</u> section <u>must</u> be completed for claiming to continue *for up to 6* claiming months.

	Child and Adult Ca Participant Men	•	
	Section 3. Negotiation	of Accommodation(s)	
	tiation: Facility-Provided Reasonable sonable Accommodations are not necessa		
The facility will provide:		Indicate Specific Brand <i>if applicable</i> :	
Parent/Guardian ac	cepts accommodation	Parent/Guardian does	not accept accommodation
	ing the reasonable menu t is being provided.	the reasonable accommode parent/guardian is incurring	esting an accommodation beyond ation provided by the facility. The the cost of the menu modification this item from home.
Notes:			
, .	at if one component or less is provide snacks with two or more component		
Facility Representative Name		Signature	
Parent/Guardian Name		Signature	
This section should meal pattern and the facility is	upplement A. Timeline – Medical A be used by a facility when a required waiting for Medical Authority Docum lity to claim for up to 6 months while	accommodation is being made entation to be completed and r	that does not meet the eturned. Completion of this section
Initial Request for Med	ical Authority Documentation	Date:	Staff Initials:
1-Month Request for M	ledical Authority Documentation	Date:	Staff Initials:
3-Month Request for M	Medical Authority Documentation	Date:	Staff Initials:
6-Month Request for M	ledical Authority Documentation	Date:	Staff Initials:
	mentation has not been provided v to this participant to accommodate		
Facility Representative Name		Signature	
	This institution is an equa	al opportunity provider.	

Supplement A. Timeline – Medical Au	thority Documentation Requ	ests
This section should be used by a facility when a required a meal pattern and the facility is waiting for Medical Authority Docume allows a facility to claim for up to 6 months while	ntation to be completed and re	turned. Completion of this section
Initial Request for Medical Authority Documentation	Date:	Staff Initials:
1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
Medical Authority Documentation has not been provided w meal pattern, provided to this participant to accommodate		

Signature

This timeline section is where you document that you are requesting Medical Authority Documentation and have not yet received it. You will mark the box next to each request you make, along with the date you made the request, and then write your initials. When you receive the medical authority documentation, you simply stop completing this section!

Facility Representative Name

Wow! That's great! It doesn't happen often, but when it takes a few months to get a form back, it's nice to be able to continue claiming while we are purchasing the requested food or beverage.





What happens if the family still has not returned the Medical Authority Form after the 6 month timeframe?





In that situation, the facility **stops claiming** the meals and snacks that do not

meet the meal pattern. Once the form is

completed and signed by a Medical

Authority and returned to the facility –

claiming can start again.





Summary: Medical Authority Documentation

							<u>.</u>
			Child and Adult Ca Participant Mer				
Child and Adult Cons Food December			Section 3. Negotiation	of Accommodation(s)			ĺ
Child and Adult Care Food Program Participant Menu Modification		Nego	otiation: Facility-Provided Reasonab	le Accommodation (Menu Mo	dification)		ĺ
•		Note: Required Re	asonable Accommodations are not necess	arily the accommodation requested	d (e.g. a preferred brand)		ĺ
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and s regulation. Menu modifications are required for any participant who discloses a food allergy, intole major bodily function affected by a food item. All required menu modifications must reasonably acc Menu modifications are optional for any participant who has a non-medical personal preference	rance, medical condition, or any commodate a participant's need.	The facility will provide:		Indicate Specific Brand if applicable:			
made at the customer service discretion of the facility.		Parent/Guardian a	ccepts accommodation	_	not accept accommodation		
Section 1. Documentation – To Be Completed by Parent/Guardia	n		sing the reasonable menu		uesting an accommodation beyo lation provided by the facility. Th		l
Participant's First & Last Name Date of Birth		modification th	nat is being provided.		the cost of the menu modificati this item from home.	ion	
Food(s) to be avoided Allowable Modification(s) modifica	wided instead: al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	Notes:					
			hat if one component or less is provid id snacks with two or more componer				
		Facility Representative Name		Signature			1
Explain how exposure to the food(s) affects the participant:		Parent/Guardian Name		Signature			1
				-			
Parent/Guardian Name Date			Supplement A. Timeline – Medical A	Authority Documentation Rec	juests		
Parent/Guardian Signature		This section should	d be u				
, ,		meal pattern and the facility is		na Department of Educat	tion - Child and Adult Ca	re Food P	rogram
Section 2. Assessment – To Be Completed by the CACFP Facility		allows a fa	Cility	dical Authority Document	tation Participant Me	nu Modifi	cation
Discuss the modification request with the parent/guardian. Assess if an accommodation meets th		Initial Request for Me		he Child and Adult Care Food equested menu modifications			
Modification meets the CACFP Meal Pattern Modification does <u>not</u> me Required Accommodation Required Accommodatio		1-Month Request for	Medi Patient First & Last Name			Date of Bi	rth
Required Accommodation or Optional Accommodation Required Accommodation	or Optional Accommodation		List the foo	od(s) to be omitted from the o	liet and the food(s) that sho	ould be prov	ided instead:
Reported Food Allergy Non-Medical Reported Food Allergy Personal Preference No medical reason for the request.	Non-Medical Personal Preference Participant Meals and Snacks may not	3-Month Request for	Food(s) to be avoid	led Allowa	ble Modification(s)	modificat	al instructions, requirements, o ions such as special equipment texture, thickness, etc.
Reported Food Intolerance Reported Food Intolerance is a facility's customer service decision Reported Food Intolerance	be eligible for reimbursement if a facility chooses to accommodate this request.	6-Month Request for I	Medic				exture, trickness, etc.
Reported Major Bodily Function Affected Facility will provide modification Facility will not provide modification Function Affected Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will not provide modification	Medical Authority Doc					
		mear pattern, provided	1101	Explain how exposure	to the food(s) affects the p	atient:	
	juired: Sections 1 & 2 uthority Documentation	Facility Representative Name					
Facility Representative Name Date			Dentist, Homeopathic Physic	The following recognized me ian, Naturopathic Physician, N			t: n, Physician Assistant, Physiciar
Updated: January 2020 This institution is an equal opportunity provider.			Medical Authority Name			Date	
			Medical Authority Signature				
				This institution is	an equal opportunity provid	er.	

All modifications require sections 1 & 2 be completed. Disability modifications require Section 3 be completed.

Modifications that do not meet the meal pattern require Medical Authority Documentation.

Let's Practice!

Participant Menu Modification Form





		Child and Adult C				
		Participant Me	nu Modificatio	n		
regulation. Menu modification major bodily function affected	s are requi by a food nal for any discretion o	ired for any participant w item. All required menu i y participant who has a i of the facility.	who discloses a foo modifications mus non-medical perso	od alle st reas onal p	ergy, intoler conably acc reference	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1.	. Documentation – To B	e Completed by I	Paren	t/Guardia	n
Participant's First & Last Name	2			Date	e of Birth	
List the food	(s) to be o	mitted from the diet an	d the food(s) tha	t sho	uld be pro	vided instead:
Food(s) to be avoided	i	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
	Explai	in how exposure to the	food(s) affects the	e part	icipant:	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section	2. Assessment – To Be (Completed by the	e CAC	FP Facility	
Discuss the modification reque	st with the	parent/guardian. Asses	ss if an accommo	dation	n meets the	e meal pattern & if it is required.
Modification meets t	he CACFP	Meal Pattern	Modificat	ion de	oes <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Opt	ional Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy		Non-Medical ersonal Preference	Reported Fo	ood All	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommod	ical reason for the request. dating this preference request y's customer service decision	Reported Fo	od Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected		will provide modification will <u>not</u> provide modification	Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification
Documentation Rec	quired: Sec	ctions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nan	ne				Date	
Updated: January 2020	Т	his institution is an equ	ıal opportunity p	rovid	ler.	

	Section 3. Negotiat	ion of Accommodation(s)
		nable Accommodation (Menu Modification) cessarily the accommodation requested (e.g. a preferred brand)
The facility will provid		Indicate Specific Brand if applicable:
Parent/Guardi	an accepts accommodation	Parent/Guardian does not accept accommodation
	urchasing the reasonable menu on that is being provided.	The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.
otes:		
	ges that if one component or less is pro Is and snacks with two or more compo	
acility Representative N	ame	Signatu
Parent/Guardian Nam	e	Sign
	Supplement A. Timeline – Medio nould be used by a facility when a requity is waiting for Medical Authority Do	ired a
neal pattern and the faci	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months v	ired a cume while
neal pattern and the faci allows	nould be used by a facility when a requ ity is waiting for Medical Authority Doi a facility to claim for up to 6 months v Arizona Depa Medical Aut	art tho
neal pattern and the faci allows Initial Request for	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months v Arizona Depa Medical Aut	art tho
neal pattern and the faci allows Initial Request for	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months v Arizona Depa Medical Aut A facility participating in the Child a requested	art tho
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neal pattern and the facil allows Initial Request for 1-Month Request 3-Month Request 6-Month Request	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months verification of the facility to claim for up to 6 months verification. Arizona Depa Medical Authority and Arizona Depa Medical Authority Department of the Arizona Department of Arizon	art the
neal pattern and the facilian allows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, pro	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months verification of the facility to claim for up to 6 months verification. Arizona Depa Medical Authority and Arizona Depa Medical Authority Department of the Arizona Department of Arizon	art the and any and any
neal pattern and the facilian allows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, pro	nould be used by a facility when a requity is waiting for Medical Authority Do a facility to claim for up to 6 months v Arizona Depa Medical Authority Arizona Depa Medical Authority Do a facility participating in the Child a requested Patient First & Last Name List the food(s) to be Food(s) to be avoided	art the and an and and

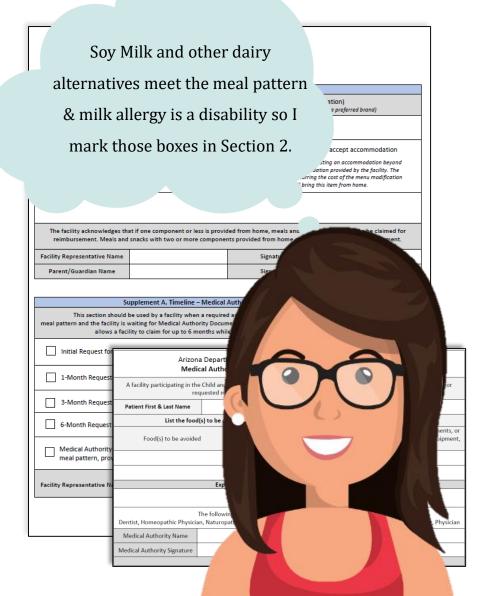


		Child and Adult Co Participant Mer	nu Modificatio	n		
This facility participates in the regulation. Menu modification: major bodily function affected Menu modifications are option made at the customer service of made at the customer service made at the custo	s are <i>require</i> by a food it nal for any	ed for any participant w em. All required menu i participant who has a i	ho discloses a foo nodifications mus	d allei t reasi	rgy, intolei onably acc	rance, medical condition, o ommodate a participant's
	Section 1. I	Documentation – To B	e Completed by F	arent	t/Guardia	n
Participant's First & Last Name	:			Date	of Birth	
List the food	s) to be on	nitted from the diet an	d the food(s) tha	t shou	uld be pro	vided instead:
Food(s) to be avoided		Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
	Explain	how exposure to the f	ood(s) affects the	e parti	icipant:	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (ompleted by the	CACE	P Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets th	ne CACFP N	leal Pattern	Modificati	ion do	es <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmod	lation	or Optional Accommodation
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Fo	od Alle	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	od Into	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected		vill provide modification vill <u>not</u> provide modification	Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification
Documentation Req	uired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nan	ne				Date	
Updated: January 2020	Th	is institution is an equ	al opportunity p	rovid	er.	

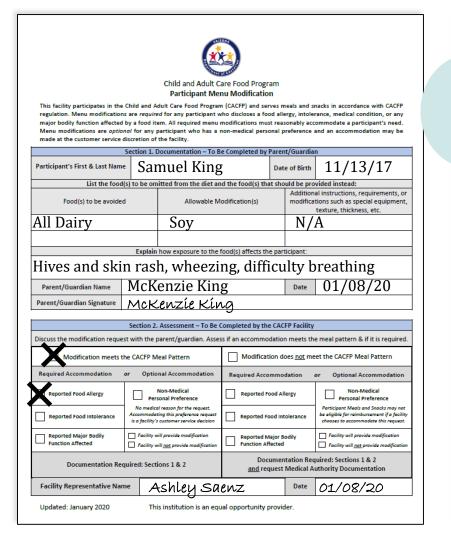
ogram Let's do the first example together. First, we ask the on requested (e.g. a preferred brand) requestor to complete and dian does not accept accommodation sign Section 1. ardian is requesting an accommodation beyond ble accommodation provided by the facility. The rdian is incurring the cost of the menu modification and will bring this item from home. reimbursement. Meals and snacks with two or more components provide **Facility Representative Name** Signat Parent/Guardian Name Supplement A. Timeline - Medical Auth This section should be used by a facility when a required a meal pattern and the facility is waiting for Medical Authority Docume allows a facility to claim for up to 6 months while Initial Request f Arizona Depart Medical Author 1-Month Reque A facility participating in the Child a 3-Month Reque Patient First & Last Name List the food(s) to be 6-Month Reque Food(s) to be avoided Medical Author meal pattern, pro Facility Representative The follow Dentist, Homeopathic Physician, Naturop Medical Authority Signature



			- TUBE				
		Child and Adult C					
This facility participates in the	Child and A	Participant Me					inh CACED
regulation. Menu modification major bodily function affected Menu modifications are optio made at the customer service	ns are <i>require</i> by a food ite nal for any p	ed for any participant w em. All required menu p participant who has a p	nho discloses a foo modifications must	d aller t reaso	rgy, intoler onably acco	rance, medical condition commodate a participa	on, or any nt's need.
	Section 1. [Documentation – To B	e Completed by P	Parent,	/Guardiar	1	
Participant's First & Last Nam	• Sar	nuel King	5	Date	of Birth	11/13/	17
List the food	(s) to be om	itted from the diet an	d the food(s) tha	t shou			
Food(s) to be avoided	d	Allowable M	odification(s)		modificat	al instructions, requir tions such as special e texture, thickness, et	equipment,
All Dairy		Soy			N/I	A	
	Explain	how exposure to the	food(s) affects the	e parti	cipant:		
Hives and ski	n noo!	hh - a -:	1				
iiives aiia ski				cu	lty b	reathing	
Parent/Guardian Name		enzie Kin		cu	lty b		20
	McK		g	cu			20
Parent/Guardian Name	McK McK	enzie Kin	g vg		Date		20
Parent/Guardian Name	McK McK Section 2.	enzie Kin Lewzie Kiv Assessment-To Be (g LØ Completed by the	: CACF	Date P Facility	01/08/2	
Parent/Guardian Name Parent/Guardian Signature	McK McK Section 2.	enzie Kin Lewzie Kiv Assessment – To Be (Darent/guardian, Asses	Completed by the	e CACF	Date P Facility meets the	01/08/2	is required.
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque	MCK MCK Section 2. st with the p the CACEP M	enzie Kin Lewzie Kiv Assessment – To Be (Darent/guardian, Asses	Completed by the	e CACFI dation	P Facility meets the	01/08/2	is required.
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque	MCK Section 2. Set with the particular CACFP Mor Optio	enzie Kin Lenzie Kiv Assessment – To Be (Darent/guardian. Assessed Pattern Anal Accommodation Non-Medical Sonal Preference	Completed by the	e CACF	P Facility meets the	e meal pattern & if it et the CACFP Meal Par Optional Accom	is required. attern amodation
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque Modification meets t Required Accommodation	MCK MCK Section 2. sst with the p the CACFP M or Optio	enzie Kin Lewzie Kiv Assessment – To Be (Darent/guardian. Assessieal Pattern Inal Accommodation Non-Medical	Completed by the	e CACF	P Facility meets the es not meets ation c	e meal pattern & if it tet the CACFP Meal Pater Optional Accom	is required. attern modation al ence acks may not ent if a facility
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque Modification meets t Required Accommodation	MCK MCK Section 2. st with the p the CACFP M or Optio Pers No medical Accommodal is a facility's facility w	enzie Kin Lenzie Kiv Assessment – To Be (parent/guardian. Assessed Pattern anal Accommodation Non-Medical sonal Preference of reason for the request. ting this preference request	Completed by the ss if an accommod Modificati Required Accor	e CACFI dation ion doc mmoda od Alle od Into	P Facility meets the es not meet ation of	e meal pattern & if it et the CACFP Meal Par Optional Accom	is required. Internation al and and
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque Modification meets t Required Accommodation Reported Food Allergy Reported Food Intolerance	MCK MCK Section 2. Section 3. Section	enzie Kin Lewzie Kiv Assessment – To Be (Darent/guardian. Assessieal Pattern nal Accommodation Non-Medical Sonal Preference request customer service decision iil provide modification iil not provide modification	Completed by the ss if an accommod Modificati Required Accor Reported Fo Reported Fo Reported Modification Affi	e CACFI dation document data data data data data data data dat	Date P Facility meets the es not meet ation ergy blerance dily eation Req	01/08/2 e meal pattern & if it et the CACFP Meal Pa or Optional Accom Personal Prefer Participant Meals and Sn be eligible for reimbursam cheases to examinedate facility will provide m	is required. stern modation al ence cocks may not entif a facility this request. odification a modification
Parent/Guardian Name Parent/Guardian Signature Discuss the modification reque Modification meets t Required Accommodation Reported Food Allergy Reported Food Intolerance Reported Major Bodily Function Affected	MCK Section 2. Set with the properties of the CACFP Monadical Accommodal is a facility with	enzie Kin Lewzie Kiv Assessment – To Be (Darent/guardian. Assessieal Pattern nal Accommodation Non-Medical Sonal Preference request customer service decision iil provide modification iil not provide modification	Completed by the ss if an accommod Modificati Required Accor Reported Fo Reported Fo Reported Modification Affi	e CACFI dation document data data data data data data data dat	Date P Facility meets the es not meet ation ergy blerance dily eation Req	e meal pattern & if it tet the CACFP Meal Pater Optional Accom Non-Medic. Personal Prefer Participant Medis and 5n be eligible for reimbursen chooses to accommodate. Facility will provide m Facility will not provide uired: Sections 1 & 2	is required. sttern modation al ence ocks may not entil a facility this request. odification



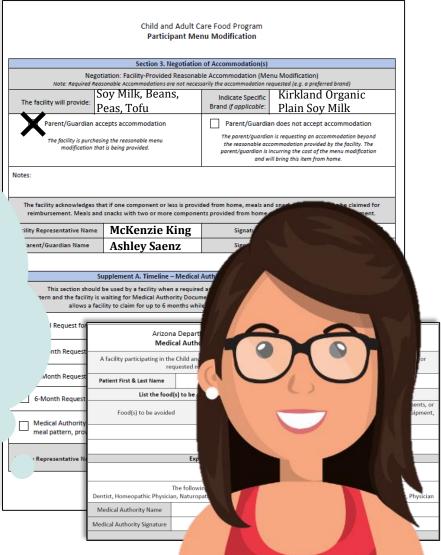




I sign and date the form. We completed Sections 1 and 2. This modification is quested (e.g. a preferred brand) due to a disability so I'll ian does not accept accommodation complete Section 3 next. ardian is requesting an accommodation beyond able accommodation provided by the facility. The nuardian is incurring the cost of the menu modification and will bring this item from home. The facility acknowledges that if one component or less is provided from home, meals and si reimbursement. Meals and snacks with two or more components provided from hom Facility Representative Name Parent/Guardian Name Supplement A. Timeline - Medical Auth This section should be used by a facility when a required a meal pattern and the facility is waiting for Medical Authority Docum allows a facility to claim for up to 6 months while Initial Request fo Arizona Depart Medical Author 1-Month Reque A facility participating in the Child a 3-Month Reque Patient First & Last Name List the food(s) to be 6-Month Reque Food(s) to be avoided Medical Author meal pattern, pro Facility Representative The follow Dentist, Homeopathic Physician, Naturop Medical Authority Name Medical Authority Signature



	Child and Adult Care Food Program Participant Menu Modification	
regulation. Menu modifications ar major bodily function affected by	ild and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP re required for any participant who discloses a food allergy, intolerance, medical condition, or any a food item. All required menu modifications must reasonably accommodate a participant's need. for any participant who has a non-medical personal preference and an accommodation may be retion of the facility.	
Sec	ction 1. Documentation – To Be Completed by Parent/Guardian	
Participant's First & Last Name	Samuel King Date of Birth 11/12/17	
List the food(s) t	to be omitted from the diet and the food(s) the rich	
Food(s) to be avoided	Allowable M	
All Dairy	Sov	
	To reasonably accommodate, I	
Hives and skin	rash,	
Parent/Guardian Name	offer soy milk when milk is	
Parent/Guardian Signature	offered and beans, peas, or tofu	l
Discuss the modification re	instead of cheese and yogurt. Th	
Modification me	instead of theese and yogurt. Th	ıe
Required Accommodation	requestor accepts this	
Reported Food Allergy	accommodation and we both sig	m
Reported Food Intolerance is		,11.
	Facility x	
Documentation Requir	Documentation Required: Sections 1 & z Documentation Required: Sections 1 & z and request Medical Authority Documentation	
Facility Representative Name	Ashley Saenz Date 01/08/20	
Updated: January 2020	This institution is an equal opportunity provider.	





		Child and Adult C	are Food Progr	am		
		Participant Mei				
regulation. Menu modification major bodily function affected	s are require by a food it nal for any p	ed for any participant w em. All required menu i participant who has a r	nho discloses a foo modifications mus	od alle st reas	ergy, intoles sonably acc	nacks in accordance with CACFP rance, medical condition, or any commodate a participant's need. and an accommodation may be
	Section 1. I	Documentation – To B	e Completed by I	Paren	t/Guardia	n
Participant's First & Last Name	•			Date	e of Birth	
List the food	(s) to be on	itted from the diet an	d the food(s) the	t sho		
Food(s) to be avoided	i	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment texture, thickness, etc.
	Evolain	how exposure to the f	food(s) affacts th	0.035	ticinant:	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2.	Assessment – To Be (Completed by the	e CAC	FP Facility	
Discuss the modification reque	st with the p	parent/guardian. Asses	s if an accommo	dation	n meets th	e meal pattern & if it is required
Modification meets t	he CACFP M	leal Pattern	Modificat	ion de	oes <u>not</u> me	eet the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy	☐ Per	Non-Medical sonal Preference	Reported Fo	ood All	lergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	od Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	_	vill provide modification	Reported M Function Aff			Facility will provide modification Facility will not provide modification
Documentation Rec	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nan	ne				Date	
Updated: January 2020		is institution is an equ		-		

		Care Food Program enu Modification		
	Section 3. Negotiatio	n of Accommodation(s)		
	Negotiation: Facility-Provided Reasona ed Reasonable Accommodations are not nece.			id)
		Indicate Specific		/
The facility will provide	e:	Brand if applicable:		
Parent/Guardi	ian accepts accommodation	Parent/Guardia	an does not accept accomi	modation
	urchasing the reasonable menu ion that is being provided.	the reasonable ac parent/guardian is	on is requesting an accommode commodation provided by the incurring the cost of the menu vill bring this item from home.	facility. The
lotes:				
	ges that if one component or less is provi		nd snacks	e claimed for ment.
Facility Representative N	ame	Signaty		
Parent/Guardian Nam	e	Sign		
meal pattern and the facil	Supplement A. Timeline – Medical hould be used by a facility when a requirility is waiting for Medical Authority Docu	ed ac		
meal pattern and the facil	hould be used by a facility when a require lity is waiting for Medical Authority Docu a facility to claim for up to 6 months wh	ed as ime iile		
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meal pattern and the facil allows	hould be used by a facility when a requir- lity is waiting for Medical Authority Docus a facility to claim for up to 6 months wh Arizona Depart Medical Auth	ed a me	76	
meal pattern and the faciliallows Initial Request for 1-Month Request	hould be used by a facility when a requirility is waiting for Medical Authority Docus a facility to claim for up to 6 months where the control of the contro	ed a mediale diale		
meal pattern and the faciliallows Initial Request for	hould be used by a facility when a requir- lity is waiting for Medical Authority Docu : a facility to claim for up to 6 months wh Arizona Depart Medical Auth A facility participating in the Child an requested ri Patient First & Last Name	ed a mediale diale		
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meal pattern and the facilian allows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, pro-	hould be used by a facility when a requirility is waiting for Medical Authority Docus a facility to claim for up to 6 months when the facility to claim for up to 6 months when the facility participating in the Child and requested in Patient First & Last Name List the food(s) to be Food(s) to be avoided	ed a me dide		



		Child and Adult C	are Food Progr	am		
		Participant Mei	nu Modificatio	n		
regulation. Menu modification major bodily function affected	s are require by a food it nal for any discretion of	ed for any participant w em. All required menu i participant who has a i the facility.	tho discloses a foo modifications mus non-medical perso	od alle st reas onal p	ergy, intoler conably acc reference	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1. I	Documentation – To B	e Completed by	Paren	t/Guardia	n
Participant's First & Last Name	e			Date	e of Birth	
List the food	(s) to be on	itted from the diet an	d the food(s) the	at sho	uld be pro	vided instead:
Food(s) to be avoided	d	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
	Explain how exposure to the food(s) affects the participant:					
Daniel Carrellan Name					D-1-	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (Completed by the	e CAC	FP Facility	
Discuss the modification reque	st with the	parent/guardian. Asses	s if an accommo	dation	n meets the	e meal pattern & if it is required.
Modification meets t	he CACFP N	leal Pattern	Modificat	ion de	oes <u>not</u> me	eet the CACFP Meal Pattern
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Food Allergy		ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	_	vill provide modification	Reported M Function Af		odily	Facility will provide modification Facility will not provide modification
Documentation Rec	quired: Sect	ions 1 & 2				juired: Sections 1 & 2 uthority Documentation
Facility Representative Nar	ne				Date	
Updated: January 2020	Th	is institution is an equ	al opportunity p	orovid	ler.	

		of Accommodation(s)		
		le Accommodation (Me	enu Modification)	
Morer it'a	WOLLEN FILMEN		equested (e.g. a preferred brand)	
NOW, It S	your turn.	Indicate Specific and if applicable:		
		Parent/Guardia	an does not accept accommodation	on
		the reasonable ac parent/guardian is	an is requesting an accommodation bey commodation provided by the facility. I incurring the cost of the menu modifica vill bring this item from home.	The
otes:				
	es that if one component or less is s and snacks with two or more com			
		nponents provided from nome		ent.
acility Representative Na	me	Signatu		
Parent/Guardian Name		Sign		
This sension of	Supplement A. Timeline – Me			42)
meal pattern and the facili allows	Supplement A. Timeline – Me ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month	equired as		
neal pattern and the facili	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona De	equired at Docume as while		
meal pattern and the facili allows	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month	equired at Docume as while		
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neal pattern and the facili allows Initial Request for	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona D Medical J	equired and Documents swhile separt		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona D Medical / A facility participating in the Chi reques Patient First & Last Name	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona Dr Medical J A facility participating in the Ch reques Patient First & Last Name List the food(s) to	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona D Medical / A facility participating in the Chi reques Patient First & Last Name	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona Dr Medical J A facility participating in the Ch reques Patient First & Last Name List the food(s) to	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona Dr Medical J A facility participating in the Ch reques Patient First & Last Name List the food(s) to	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona Dr Medical J A facility participating in the Ch reques Patient First & Last Name List the food(s) to	equired at Docume is swhile epart Autho		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, provi	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona Dr Medical J A facility participating in the Ch reques Patient First & Last Name List the food(s) to	equired at Docume is swhile separt Authorited in the least ted in the leas		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, provi	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona De Medical / A facility participating in the Chi reques Patient First & Last Name List the food(s) to Food(s) to be avoided	equired at Docume is swhile separt Authorited in the least ted in the leas		
meal pattern and the faciliallows Initial Request for 1-Month Request 3-Month Request 6-Month Request Medical Authority meal pattern, provi	ould be used by a facility when a re ty is waiting for Medical Authority a facility to claim for up to 6 month Arizona De Medical / A facility participating in the Chi reques Patient First & Last Name List the food(s) to Food(s) to be avoided	equired as Docume is while separt Authorities and the separt and the separt is while separt is		



		Child and Adult C	are Food Progr	am		
		Participant Me	nu Modificatio	n		
regulation. Menu modification major bodily function affected	s are requin by a food it nal for any discretion of	ed for any participant w em. All required menu i participant who has a i the facility.	who discloses a foo modifications mus non-medical perso	od alle st reas onal p	ergy, intoler conably acc reference	nacks in accordance with CACFP ance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1.	Documentation – To B	e Completed by	Paren	t/Guardia	1
Participant's First & Last Name	e			Date	e of Birth	
List the food	(s) to be on	itted from the diet an	d the food(s) the	at sho	uld be pro	vided instead:
Food(s) to be avoided	d	Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
Explain how exposure to the food(s) affects the participant:						
December 10 and					D-1-	
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (Completed by the	e CAC	FP Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets t	he CACFP N	leal Pattern	Modificat	ion de	oes <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Food Allergy		ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected		vill provide modification	Reported M Function Af			Facility will provide modification Facility will not provide modification
Documentation Rec	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nar	ne				Date	
Updated: January 2020	Th	is institution is an equ	ual opportunity p	provid	ler.	

	am.
I'll a	sk the requestor to
	ete and sign Section 1.
compic	te and sign section 1.
	Jardian does not accept accommodation t/quardian is requesting an accommodation beyond
mou,	asona
Notes:	
	ges that if one component or less is provided from home, meals and sna is and snacks with two or more components provided from home cap
Facility Representative Na	
Parent/Guardian Name	
	Supplement A. Timeline – Medical Authorit
	hould be used by a facility when a required acco
	a a facility to claim for up to 6 months while wal
Initial Request for	
_	Arizona Departm Medical Authorit
1-Month Request	A facility participating in the Child and
3-Month Request	requested me
	List the food(s) to be on
6-Month Request	Food(s) to be avoided
Medical Authority	
meal pattern, prov	
Facility Representative Na	Explain I
	The following reco
	Dentist, Homeopathic Physician, Naturopathic Ph Medical Authority Name
	Medical Authority Signature
	This institu



		Child and Adult C	are Food Progra	am		
		Participant Mei	nu Modificatio	n		
regulation. Menu modifications major bodily function affected b	are <i>require</i> by a food it al for any p	ed for any participant w em. All required menu i participant who has a r	ho discloses a foo modifications mus	od alle t reas	ergy, intoler conably acc	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
9	Section 1. (Documentation – To B	e Completed by I	Paren	t/Guardia	1
Participant's First & Last Name	Me	lissa Lee		Date	e of Birth	11/07/15
List the food(s) to be on	itted from the diet an	d the food(s) the	t sho		
Food(s) to be avoided		Allowable M	odification(s)		modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
Meat		Any N				N/A
		Alterna				
	Explain	how exposure to the f	ood(s) affects the	e part	icipant:	
N/A						0.1 (1= (0.0
Parent/Guardian Name	Jame	es Royce			Date	01/17/20
Parent/Guardian Signature	jame	s Royce				
	Section 2.	Assessment – To Be (ompleted by the	CAC	FP Facility	
Discuss the modification reques	t with the p	parent/guardian. Asses	s if an accommo	datior	meets the	e meal pattern & if it is required.
Modification meets th	e CACFP M	leal Pattern	Modificat	ion do	oes <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmod	dation (or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	od All	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request customer service decision	Reported Fo	od Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	_	vill provide modification	Reported M Function Aff		odily	Facility will provide modification Facility will not provide modification
Documentation Requ	uired: Sect	ions 1 & 2	Documentation Required: Sections 1 & 2 and request Medical Authority Documentation			
Facility Representative Nam	e				Date	
Updated: January 2020	Th	is institution is an equ	al opportunity p	rovid	ler.	

T	he meal pattern can be met by
1.	he meal pattern can be met by
pr	roviding meat alternates when
me	eat is served. The reason for the
	request is preference.
-	
	* accommodation ommodation beyond
	undda use of the menu modification and will bring this tem from "
Notes:	
The facility acknowled	ges that if one component or less is provided from home, meals and sna
	als and snacks with two or more components provided from home can
Facility Representative N	ame Signatu
Parent/Guardian Nam	ne s
	Supplement A. Timeline – Medical Authorit
This section sl	hould be used by a facility when a required acco
	lity is waiting for Medical Authority Documenta s a facility to claim for up to 6 months while wai
	o recently to claim for the owners will
Initial Request for	Arizona Departm
	Medical Authorit
1-Month Request	A facility participating in the Child and
2 Month Request	requested me
3-Month Request	Patient First & Last Name
6-Month Request	List the food(s) to be om
	Food(s) to be avoided
Medical Authority	
meal pattern, pro	
Facility Representative N	Explain h
	The following reco Dentist, Homeopathic Physician, Naturopathic Ph
	Medical Authority Name
	Medical Authority Signature
	This institu



		Child and Adult C				
		Participant Mei				
This facility participates in the Cl regulation. Menu modifications a major bodily function affected by Menu modifications are optiona made at the customer service dis	are <i>require</i> ; a food ite / for any ;	ed for any participant w em. All required menu i participant who has a r	ho discloses a foo modifications mus	od alle st reas	rgy, intoler onably acc	rance, medical condition, or any ommodate a participant's need.
Si	ection 1. [Occumentation – To B	e Completed by I	Paren	t/Guardia	n
Participant's First & Last Name	Me	lissa Lee		Date	of Birth	11/07/15
List the food(s)	to be om	itted from the diet an	d the food(s) tha	t sho		
Food(s) to be avoided		Allowable M	odification(s)		modificat	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.
Meat		Any N				N/A
		Alterna	tives			
	Explain	how exposure to the f	ood(s) affects th	e part	icipant:	
N/A						
Parent/Guardian Name	ame	es Royce			Date	01/17/20
Parent/Guardian Signature	ame	s Royce				
	Section 2.	Assessment – To Be (completed by the	e CACI	P Facility	
Discuss the modification request	with the p	parent/guardian. Asses	s if an accommo	dation	meets the	e meal pattern & if it is required.
Modification meets the	CACFP M	eal Pattern	Modificat	ion do	es <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation or	Optio	nal Accommodation	Required Acco	mmod	lation (or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Fo	ood Alle	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request customer service decision	Reported Fo	ood Inte	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	=•	will provide modification will not provide modification Will not provide modification Reported Major Bodil Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Requ	ired: Secti	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Name	S	andra Ga	Vin		Date	01/17/20
Updated: January 2020	Thi	is institution is an equ	al opportunity p	rovid	er.	

This is optional for me to accommodate, but I will, because I want to provide excellent customer service to the families I serve. ued by the facility. The on that is being provided as incurring the cost of the menu modification and will bring this item from ' reimbursement. Meals and snacks with two or more components provided from home Facility Representative Name Parent/Guardian Name Supplement A. Timeline - Medical Authori meal pattern and the facility is waiting for Medical Authority Document allows a facility to claim for up to 6 months while w Initial Request f Arizona Departm **Medical Authori** 1-Month Reque A facility participating in the Child and 3-Month Reque Patient First & Last Name List the food(s) to be or 6-Month Reque Food(s) to be avoided Medical Author meal pattern, pr **Facility Representative** The following red Dentist, Homeopathic Physician, Naturopathic F Medical Authority Signature This institu



Child and Addic Care Food Program Participant New Modification Participant				
The facility participants on the Child and Abult Care Food Program (CAFF) and answering the Committee of Program (CAFF) and answering the Committee of Program (CAFF) and answering the CAFF Abult Abult Care Food Program (CAFF) and answering the CAFF Abult Care Food	(£	You ar	re correct! Section 3 is not	
regulation. Many implifications are required from any participant who discusses a formal free formal products of special formal participants. If the modification is any optional for any participant who has a non-medical passes who modification is any optional for any participant who has a non-medical passes who modification is not participant. Section 1. Documentation - To Be Complete Participant's First 8. Last Name List the foodig to be avoided Allowable Modification(s) Beginner for a sold of the participant of the section of the participant of the section of the section of the participant of the section of the participant of the participant of the section of the participant of the p	Participant Me	inu Modification	d because it is a <i>preference</i>	onable Accommodation (Menu Modification)
Participant's First & Last Name Documentation is not required Takengaration of the facility Participant's First & Last Name Documentation Documentation Documentation Takengaration Takengar	regulation. Menu modifications are required for any participant major bodily function affected by a food item. All required menu	who discloses a for modifications meque	est and Medical Authority	
List the food(s) to be avoided Allowable Modification(s) Modification (s)	made at the customer service discretion of the facility. Section 1. Documentation – To		mentation is not required	The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The
Parent/Guardian Name Date	·	because because	e the modification meets the	
Explain how exposure to the food(s) affects the participan. Parent/Guardian Name Parent/Guardian Name Parent/Guardian Signature Section 2. Assessment — To Be Completed by the CACFP Facility Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. Modification meets the CACFP Meal Pattern Modification does not meet the CACFP Meal Pattern Modification meets the CACFP Meal Pattern Modification Modifica	Food(s) to be avoided Allowable N	dodification(s) meal p	attern! You're doing great!	
Parent/Guardian Name Parent/Guardian Signature Supplement A. Timeline Supplement A. Timeline This section should be used by a facility when a veguired a meal pattern and the facility is used from should be used by a facility when a veguired a meal pattern and the facility is used from should be used by a facility to claim for up to 6 months while	Explain how exposure to the	food(s) affects the participan	h Daro	
Parent/Guardian Signature Section 2. Assessment — To Be Completed by the CACEP Facility	Parent/Guardian Name	Date		aline al Auth
Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required. Modification neets the CACFP Meal Pattern Modification does not meet the CACFP Meal Pattern	Parent/Guardian Signature		This section should be used by a facilit meal pattern and the facility is waiting for Medical	y when a required at Authority Docume
Modification meets the CACFP Meal Pattern		· · · · · · · · · · · · · · · · · · ·		
Reported Food Allergy		1_	┦ ┃ ┃	
Reported Food Allergy	Required Accommodation or Optional Accommodation	Required Accommodation or Optional Accommodatio		
Reported Food Intolerance Accommodating this preference request is a facility's customer service decision Reported Food Intolerance Decimentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 Se	Reported Food Allergy Personal Preference	Reported Food Allergy Personal Preference	Patient First & Last No	ame O
Reported Major Bodily Facility will provide modification Facility will provide modification Facility will provide modification Facility will not provide	Reported Food Intolerance Accommodating this preference request	Reported Food Intolerance be eligible for reimbursement if a faci	tt 6-Month Request	
Documentation Required: Sections 1 & 2 and request Medical Authority Documentation Facility Representative Name Date Updated: January 2020 This institution is an equal opportunity provider. Facility Representative Ni Exp The followin Dentist, Homeopathic Physician, Naturopat		,,	Medical Authority	avoided
Updated: January 2020 This institution is an equal opportunity provider. The followin Dentist, Homeopathic Physician, Naturopat	Documentation Required: Sections 1 & 2		Facility Representative Na	Ехр
Updated: January 2020 This institution is an equal opportunity provider. Dentist, Homeopathic Physician, Naturopat	Facility Representative Name	Date		
	Updated: January 2020 This institution is an eq	ual opportunity provider.		Physician, Naturopat

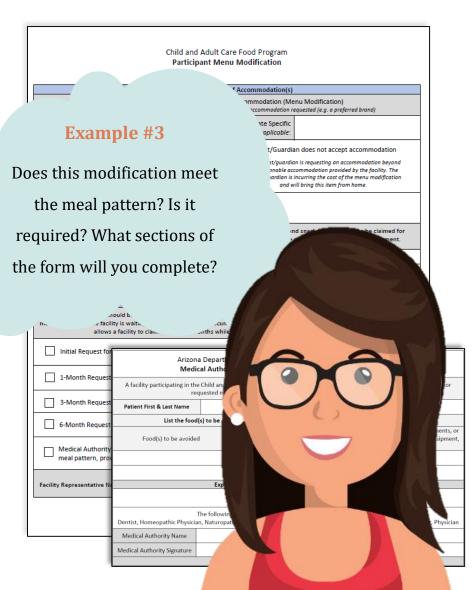


		Child and Adult C	are Food Progr	am		
		Participant Mei	nu Modificatio	n		
regulation. Menu modification major bodily function affected	s are requin by a food it nal for any discretion of	ed for any participant w em. All required menu i participant who has a i the facility.	tho discloses a foo modifications mus non-medical perso	od alle st reas onal p	ergy, intoler conably acc reference	nacks in accordance with CACFP rance, medical condition, or any ommodate a participant's need. and an accommodation may be
	Section 1.	Documentation – To B	e Completed by	Paren	t/Guardia	n
Participant's First & Last Name	e			Date	e of Birth	
List the food	(s) to be on	itted from the diet an	d the food(s) the	at sho	uld be pro	vided instead:
Food(s) to be avoided			odification(s)		Additional instructions, requirements, of modifications such as special equipmen texture, thickness, etc.	
Explain how exposure to the food(s) affects the participant:						
Parent/Guardian Name					Date	
Parent/Guardian Signature						
	Section 2	. Assessment – To Be (Completed by the	e CAC	FP Facility	
Discuss the modification reque	st with the	parent/guardian. Asses	s if an accommo	dation	n meets the	e meal pattern & if it is required.
Modification meets t	he CACFP N	leal Pattern	Modificat	ion de	oes <u>not</u> me	et the CACFP Meal Pattern
Required Accommodation	or Optio	nal Accommodation	Required Acco	mmo	dation	or Optional Accommodation
Reported Food Allergy	☐ Per	Non-Medical sonal Preference	Reported Fe	ood All	ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommodo	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected	_	will provide modification Reported Major Bodily will not provide modification Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Rec	quired: Sect	ions 1 & 2				uired: Sections 1 & 2 uthority Documentation
Facility Representative Nan	ne				Date	
Updated: January 2020	Th	is institution is an equ	al opportunity p	orovid	ler.	

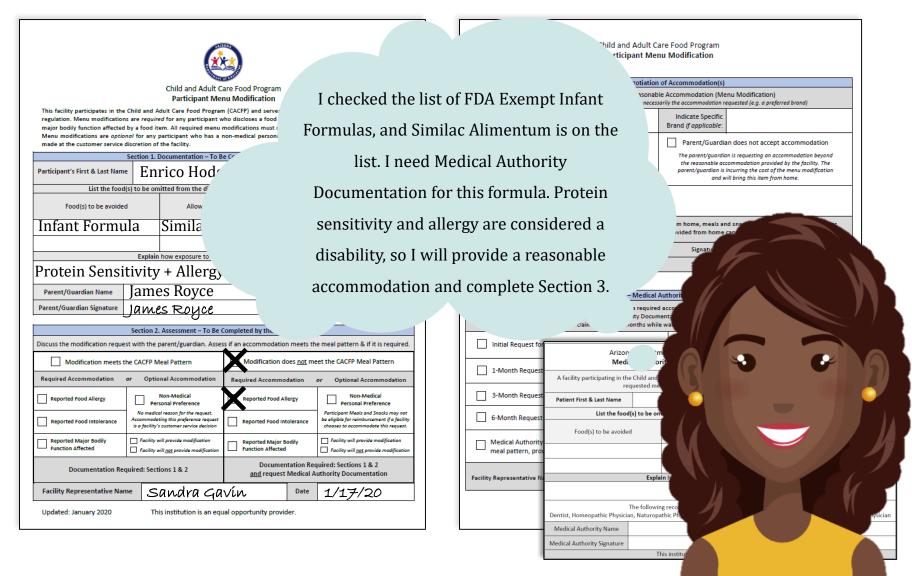
		are Food Program nu Modification		
	Section 3. Negotiation	n of Accommodation(s)		
	egotiation: Facility-Provided Reasonal: Reasonable Accommodations are not neces			
The facility will provide	:	Indicate Specific Brand if applicable:		
The facility is pur	n accepts accommodation chasing the reasonable menu n that is being provided.	The parent/guardio the reasonable ac parent/guardian is	an does not accept accommodation in is requesting an accommodation beyond commodation provided by the facility. The incurring the cost of the menu modification ill bring this item from home	
	es that if one component or less is provi and snacks with two or more compone	ded from home, meals ar		
Facility Representative Na	me	Signatu		
Parent/Guardian Name		Sign		
meal pattern and the facilit	ould be used by a facility when a require y is waiting for Medical Authority Docur facility to claim for up to 6 months whi Arizona Depart Medical Autho	ne le	-	
3-Month Request	A facility participating in the Child and requested in Patient First & Last Name List the food(s) to be			for
Medical Authority	Food(s) to be avoided			nents, uipme
Facility Representative Na	Ехр	V		
	The follow Dentist, Homeopathic Physician, Naturop Medical Authority Name			, Physici
ŀ	Medical Authority Signature			-



		Child and Adult Ca Participant Mer				
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.						
	Section 1. I	Documentation – To B	e Completed by	Paren	t/Guardia	n
Participant's First & Last Name	En:	rico Hodg	kin	Date	e of Birth	12/05/19
List the food	(s) to be on	itted from the diet an	d the food(s) the	t sho	uld be pro	vided instead:
Food(s) to be avoided	1	Allowable Me	odification(s)			al instructions, requir tions such as specia'
Infant Formu	la	Similac A	limenti	um	1	N/A
Explain how exposure to the food(s) affects the participant:						
Protein Sensi	tivity	+ Allergy	,			
Parent/Guardian Name	Jame	es Royce			Date	01/17/20
Parent/Guardian Signature	Jame	es Royce				
	Section 2.	. Assessment – To Be (ompleted by the	e CACI	FP Facility	
Discuss the modification reque						e meal pattern & if it is required.
Modification meets to	he CACFP M	leal Pattern	Modificat	ion do	oes <u>not</u> me	eet the CACFP Meal Pattern
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmod	dation	or Optional Accommodation
Reported Food Allergy		Non-Medical sonal Preference	Reported Food All		ergy	Non-Medical Personal Preference
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	od Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.
Reported Major Bodily Function Affected		vill provide modification	Reported M Function Af		odily	Facility will provide modification Facility will not provide modification
Documentation Rec	juired: Sect	ions 1 & 2				juired: Sections 1 & 2 uthority Documentation
Facility Representative Nan	ne				Date	
Updated: January 2020	Thi	is institution is an equ	al opportunity p	rovid	ler.	









I offer Similac Alimentum and the family accepts. We both sign Section 3.



	Child and Adult Co Participant Mei	•					
	Section 3. Negotiation	of Accommodation(s)					
	tiation: Facility-Provided Reasonab						
The facility will provide:	Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand) facility will provide: Alimentum Indicate Specific Brand if applicable: Similac						
Parent/Guardian a	ccepts accommodation	Parent/Guardia	an does not accept accommodation				
	sing the reasonable menu at is being provided.	the reasonable acc parent/guardian is	an is requesting an accommodation beyond commodation provided by the facility. The incurring the cost of the menu modification vill bring this item from home.				
			nd snacks can continue to be claimed for				
reimbursement. Meals an			cannot be claimed for reimbursement.				
Facility Representative Name	Sandra Gavin	Signature	1/1/20				
Parent/Guardian Name	James Royce	Signature	1/17/20				
This section should meal pattern and the facility is allows a fa	cility to claim for up to 6 months whil	accommodation is bein nentation to be complete e waiting for Medical Au	ng made that does not meet the ed and returned. Completion of this section thority Documentation.				
Initial Request for Me	dical Authority Documentation	Date:	Staff Initials:				
1-Month Request for	Medical Authority Documentation	Date:	Staff Initials:				
3-Month Request for	Medical Authority Documentation	Date:	Staff Initials:				
6-Month Request for I	Medical Authority Documentation	Date:	Staff Initials:				
			neals and snacks that do not meet the nger be claimed for reimbursement.				
Facility Representative Name		Signature					
	-		<u> </u>				



I give Enrico's dad the Medical
Authority Documentation form. In
the meantime, I complete the
Timeline Section so that I can
continue to claim while waiting for
Enrico's dad to return the form.

acility-Provided Reasonable Accommodation (Menu Modification) itions are not necessarily the accommodation requested (e.g. a preferred brand) Similac Parent/Guardian does not accept accommodation The parent/auardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/auardian is incurring the cost of the menu modification and will bring this item from home. dra Gavin Facility representative No. Signature James Royce Parent/Guardian Name Supplement A. Timeline - Medical Authority Documentation Requests This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation Date: 1/17/20 | Staff Initials: SG 1-Month Request for Medical Authority Documentation Staff Initials: 3-Month Request for Medical Authority Documentation Date: Staff Initials: 6-Month Request for Medical Authority Documentation Staff Initials Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement. Sandra Gavin Sandra Gavin Facility Representative Name This institution is an equal opportunity provider.

Child and Adult Care Food Program

Participant Menu Modification

Section 3. Negotiation of Accommodation(s)





						ºarticipa 	Adult Care Food Program ant Menu Modification	
	Child and Adult Ca					=	gotiation of Accommodation(s) Reasonable Accommodation (Menu Modification)	
	Participant Men			W C			not necessarily the accommodation requested (e.g. a preferred brand)	
regulation. Menu modifications are re major bodily function affected by a for Menu modifications are optional for a	This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical cont major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant who has a non-medical personal preference and an arrival menu modifications are optional for any participant who has a non-medical personal preference and an arrival menu modifications.				nario #3 req	Indicate Specific Brand if applicable: Parent/Guardian does not accept accommodation		
made at the customer service discretion	on of the facility. n 1. Documentation – To Be	Completed by Parent	Guardian	to comp	lete the <mark>enti</mark>	re form.	The parent/guardian is requesting an accommodation beyond	
Participant's First & Last Name		Date	of Birth	The T	The parent/guardian is requesting an accommodation beyong the reasonable accommodation provided by the facility. The Timeline section is The Timeline section is and will bring this item from home.			
List the food(s) to be	e omitted from the diet and		Addition					
Food(s) to be avoided	Allowable Mo		modifica	required	to continue	claiming.		
Exp	plain how exposure to the fo	od(s) affects the partic	tipant:	•	Parent/c		ovided from home, meals and snael he claimed for uponents provided from home. Signature	
					Parent/G		3)91	
Parent/Guardian Name			Date			Supplement A. Timelin	dical Auth	
Parent/Guardian Signature					This section sh	nould be used by a facility when		
					meal pattern and the facil	ity is waiting for Medical Authori a facility to claim for up to 6 mo	ity Docume	
Section	on 2. Assessment – To Be Co	mpleted by the CACFF	P Facility		allows	a facility to claim for up to 6 mo	Muls wille	
Discuss the modification request with	the parent/guardian. Assess	if an accommodation	meets the meal pattern & if it is	s required.	Initial Request for	Arizona	Depart	
Modification meets the CACF	FP Meal Pattern	Modification doe	es <u>not</u> meet the CACFP Meal Pa	ttern	1-Month Request	Medica	al Autho	
Required Accommodation or C	Optional Accommodation	Required Accommoda	ation or Optional Accom	modation	1-Month Request	A facility participating in the		
Reported Food Allergy	Non-Medical Personal Preference	Reported Food Aller	Personal Prefere	ence	3-Month Request	Patient First & Last Name	uested in	
Penorted Food Intolerance Accomi	medical reason for the request. Imodating this preference request Incility's customer service decision	Reported Food Intol	Participant Meals and Sno erance be eligible for reimburseme chooses to accommodate	ent if a facility	6-Month Request	List the food(s	nents,	
	cility will provide modification cility will <u>not</u> provide modification	Reported Major Boo Function Affected	dily Facility will provide ma	- 1	Medical Authority meal pattern, pro			
Documentation Required:	Sections 1 & 2		ation Required: Sections 1 & 2 Medical Authority Documentati		Facility Representative Na		Exp	
Facility Representative Name			Date					
Updated: January 2020	This institution is an equa	l opportunity provide	r.			Dentist, Homeopathic Physician	he followin , Naturopat	
						Medical Authority Name		
						Medical Authority Signature		

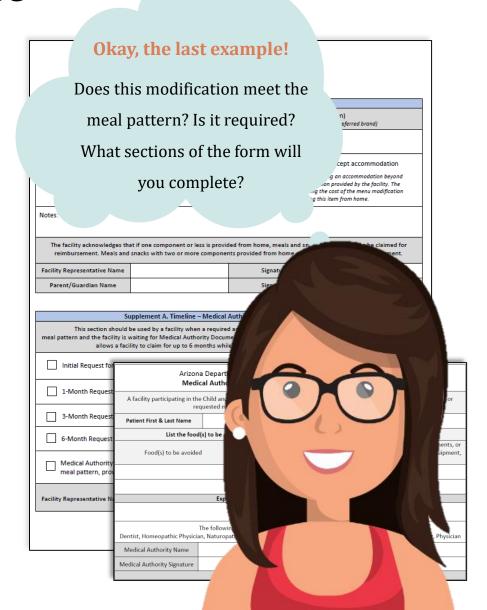


		Child and Adult Ca	are Food Progr	am			
		Participant Mer	nu Modificatio	n			
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.							
	Section 1. [Documentation – To B	e Completed by I	Paren	t/Guardia	n	
Participant's First & Last Name	2			Date	e of Birth		
List the food	(s) to be om	itted from the diet an	d the food(s) tha	t sho	uld be pro	vided instead:	
Food(s) to be avoided	d	Allowable Me	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
	Evolain	how exposure to the f	facel(s) affacts th	- nart	i-inant:		
						Г	
Parent/Guardian Name					Date		
Parent/Guardian Signature							
	Section 2.	. Assessment – To Be C	Completed by the	e CAC	FP Facility		
Discuss the modification reque						e meal pattern & if it is required.	
Modification meets to	he CACFP M	eal Pattern	Modificat	Modification does <u>not</u> meet the CACFP Meal Pattern			
Required Accommodation	or Optio	nal Accommodation	Required Accommodation or Optional Accommodation			or Optional Accommodation	
Reported Food Allergy	Pers	Non-Medical sonal Preference	Reported Food Allergy		lergy	Non-Medical Personal Preference	
Reported Food Intolerance	Accommodat	al reason for the request. ting this preference request s customer service decision	Reported Food Intolerance		olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected	_	vill provide modification	Reported Major Bodily Function Affected			Facility will provide modification Facility will not provide modification	
Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Documentation							
Facility Representative Nan	ne				Date		
Updated: January 2020 This institution is an equal opportunity provider.							

		are Food Program nu Modification						
	Section 3. Negotiation	of Accommodation(s)						
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)								
The facility will provide	2:	Indicate Specific Brand if applicable:						
Parent/Guardi	an accepts accommodation	Parent/Guardia	an does not accept accommodation					
	orchasing the reasonable menu on that is being provided.	the reasonable ac parent/guardian is	on is requesting an accommodation beyond commodation provided by the facility. The incurring the cost of the menu modification will bring this item from home.					
Notes:								
	ges that if one component or less is provious Is and snacks with two or more compone							
Facility Representative Na	ame	Signatu						
Parent/Guardian Name	e	Sign						
meal pattern and the facil allows Initial Request for 1-Month Request	Arizona Depart Medical Autho A facility participating in the Child and requested n	d ar ne le		or				
3-Month Request	Patient First & Last Name	(0)		W				
6-Month Request	List the food(s) to be a			nents, or uipment,				
Medical Authority meal pattern, prov								
Facility Representative Na	Ехр	W						
	The follow Dentist, Homeopathic Physician, Naturop Medical Authority Name			, Physician				
	Medical Authority Signature							

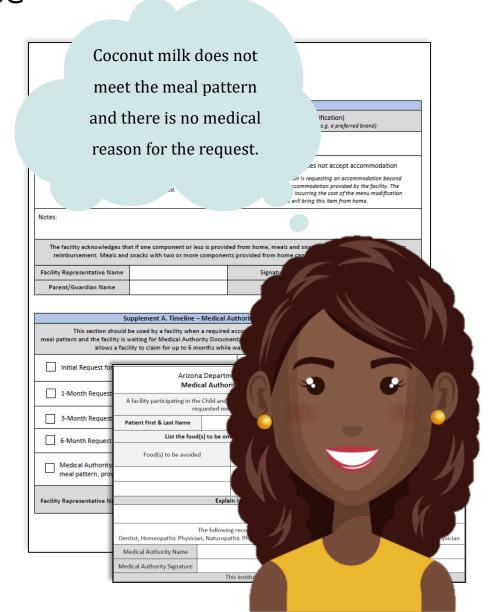


		Child and Adult C	are Food Progra	am			
		Participant Mei	nu Modificatio	n			
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9	Section 1. I	Documentation – To B	e Completed by F	Paren	t/Guardia	n	
Participant's First & Last Name	Ste	even Moor	·e	Date	e of Birth	05/01/12	
List the food(s) to be on	itted from the diet an	d the food(s) tha	t sho			
Food(s) to be avoided		Allowable M	odification(s)		modifica	al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
Milk		Coconut	Milk			N/A	
Explain how exposure to the food(s) affects the participant: N/A – Family Preference							
Parent/Guardian Name	M 1:1 M						
Parent/Guardian Signature	Mad	ílyn Mooi	re				
	Section 2	. Assessment – To Be (Completed by the	e CACI	FP Facility		
Discuss the modification reques	t with the	parent/guardian. Asses	s if an accommo	datior	n meets the	e meal pattern & if it is required.	
Modification meets th	e CACFP N	leal Pattern	Modificati	ion do	oes <u>not</u> me	et the CACFP Meal Pattern	
Required Accommodation	or Optio	onal Accommodation	Required Acco	mmod	dation	or Optional Accommodation	
Reported Food Allergy	Per	Non-Medical sonal Preference	Reported Food Allergy		ergy	Non-Medical Personal Preference	
Reported Food Intolerance	Accommoda	al reason for the request. ting this preference request s customer service decision	Reported Fo	ood Int	olerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected		vill provide modification	Reported Major Bodily Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Documentation							
Facility Representative Nam	Facility Representative Name				Date		
Updated: January 2020 This institution is an equal opportunity provider.							

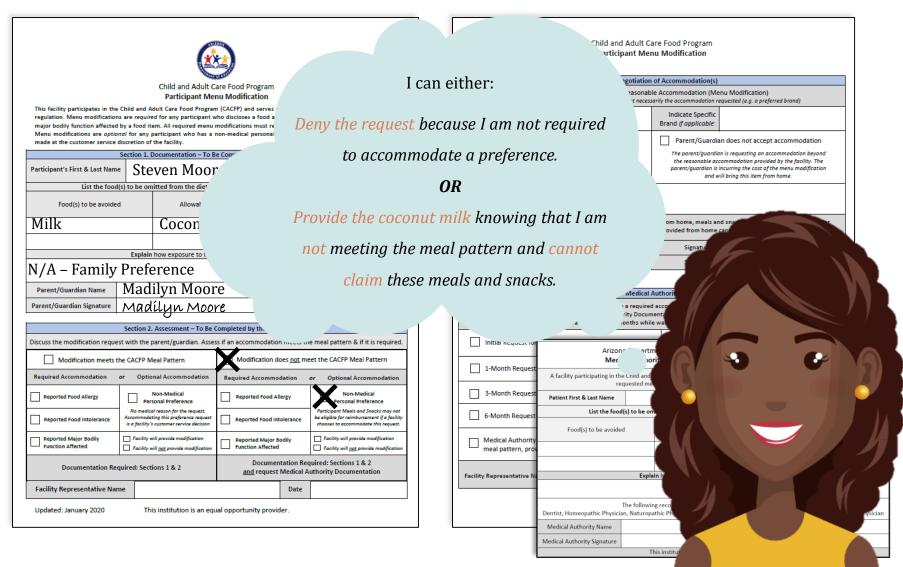




		Child and Adult C					
		Participant Mei	nu Modificatio	n			
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	Section 1.	Documentation – To B	e Completed by	Paren	t/Guardia	n	
Participant's First & Last Name	Ste	even Moor	e	Date	e of Birth	05/01/12	
List the food(s) to be on	nitted from the diet an	d the food(s) the	at sho			
Food(s) to be avoided		Allowable M	odification(s)			al instructions, requirements, or tions such as special equipment, texture, thickness, etc.	
Milk		Coconut	Milk			N/A	
		how exposure to the f	ood(s) affects th	e part	icipant:		
N/A - Family Preference							
Parent/Guardian Name Madilyn Moore Date 01/22/20							
Parent/Guardian Signature	Maa	<u>lílyn Mooi</u>	re				
	Section 2	. Assessment – To Be (ompleted by the	e CACI	FP Facility		
Discuss the modification reques	t with the	parent/guardian. Asses	s if an accommo	dation	meets the	e meal pattern & if it is required.	
Modification meets th	e CACFP N	Meal Pattern	Modificat	ion do	es <u>not</u> me	et the CACFP Meal Pattern	
Required Accommodation of	or Optio	onal Accommodation	Required Acco	mmod	dation	or Optional Accommodation	
Reported Food Allergy		Non-Medical sonal Preference	Reported Food Allergy		ergy	Non-Medical Personal Preference	
Reported Food Intolerance	tolerance Accommodating this preference request Reported Food Intolerance be eligible for reimbursement in					Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.	
Reported Major Bodily Function Affected	= .	will provide modification will <u>not</u> provide modification	Reported Major Bodily Function Affected		odily	Facility will provide modification Facility will not provide modification	
Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Documentation							
Facility Representative Name					Date		
Updated: January 2020 This institution is an equal opportunity provider.							

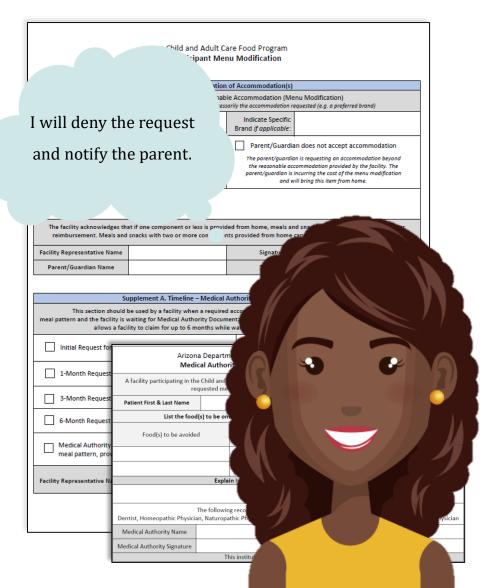




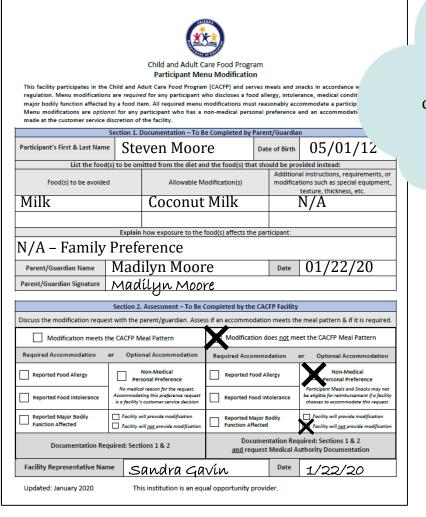




		Child and Adult C						
This facility contains to the	Object 4 A		nu Modification		and in considerate with CLOSE			
This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.								
	Section 1. (Oocumentation – To B	e Completed by Par	ent/Guardia	in			
Participant's First & Last Name	Ste	ven Moor	e b	ate of Birth	05/01/12			
List the food(s) to be on	itted from the diet an	d the food(s) that sl					
Food(s) to be avoided		Allowable M	odification(s)		nal instructions, requirements, or ations such as special equipment,			
Milk		Coconut	Mill		texture, thickness, etc. Ν / Δ			
IVIIIK		Coconuc	MIIIK		N/A			
		how exposure to the f	food(s) affects the pa	articipant:				
N/A - Family								
Parent/Guardian Name	Madilyn Moore Date 01/22			01/22/20				
Parent/Guardian Signature	Mad	<u>ílyn Mooi</u>	re					
	Section 2.	Assessment – To Be (Completed by the CA	CFP Facility	1			
Discuss the modification reques	t with the p	parent/guardian. Asses	s if an accommodati	on meets th	e meal pattern & if it is required.			
Modification meets th	ne CACFP M	eal Pattern	Modification	does <u>not</u> me	eet the CACFP Meal Pattern			
Required Accommodation	or Optio	nal Accommodation	Required Accomm	odation	or Optional Accommodation			
Reported Food Allergy	Non-Medical Personal Preference		Reported Food	Allergy	Non-Medical Personal Preference			
Reported Food Intolerance	Accommoda	il reason for the request. ting this preference request customer service decision	Reported Food	ntolerance	Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.			
Reported Major Bodily Facility will provide modification Facility will not provide modification			Reported Major Bodily		Facility will provide modification Facility will not provide modification			
Documentation Required: Sections 1 & 2 Documentation Required: Sections 1 & 2 and request Medical Authority Documentation								
Facility Representative Name Sandra Ga			vin	Date	1/22/20			
Updated: January 2020	T-1	is institution is an equ						







Yes, you can deny a preference request. Well done! No additional quested (e.g. a preferred brand) documentation is required because does not accept accommodation the request was denied. in is requesting an accommodation beyond accommodation provided by the facility. The an is incurring the cost of the menu modification and will bring this item from home. The facility acknowledges that if one component or less is provided from home reimbursement. Meals and snacks with two or more components provided from Facility Representative Name Parent/Guardian Name Supplement A. Timeline - Medical Auth This section should be used by a facility when a required a meal pattern and the facility is waiting for Medical Authority Docum allows a facility to claim for up to 6 months while Initial Request fo Arizona Depart Medical Author 1-Month Reque A facility participating in the Child a 3-Month Reque Patient First & Last Name List the food(s) to be 6-Month Reque Food(s) to be avoided Medical Author meal pattern, pro Facility Representative The follow Dentist, Homeopathic Physician, Naturop Medical Authority Name Medical Authority Signature

Summary



Summary - Required Documentation

Modifica	ntion Requested	Documentation Required To Continue Claiming		
Disability	Meets Meal Pattern	Section 1, Section 2, Section 3		
Disability	Does Not Meet Meal Pattern	Section 1, Section 2, Section 3 & Medical Documentation*		
*The timeline may be comp	ns while waiting for Medical Documentation			
Non-Medical Personal Preference	Meets Meal Pattern	Sections 1 & 2		
	Does Not Meet Meal Pattern	Claiming not permitted		

Summary



All menu modifications require documentation.



Additional documentation is required for:

- modifications due to a disability
- modifications that do not meet the meal pattern



A new form has been created to make it easier for you to document modification requests and accommodations.



Summary



All menu modifications require documentation



Additional documentation is required for:

- modifications due to a disability
- modifications that do not meet the meal pattern



A new form has been created to make it easier for you to document modification requests and accommodations.

Thank you for participating in this Navigating Menu Modifications in the CACFP Online Training!

If you have any additional questions, please contact your assigned CACFP Specialist or call the Specialist of the Day at (602) 542-8700. Make sure to select "1" for Community Nutrition Programs.







ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.



This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2.fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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